

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:45

**DOCUMENT # B07000000186**

1. Entity Name  
 BAYVIEW FINANCIAL HOLDINGS, L.P.



Principal Place of Business  
 4425 PONCE DE LEON BLVD. 4TH FLOOR  
 CORAL GABLES, FL 33146

Mailing Address  
 4425 PONCE DE LEON BLVD. 4TH FLOOR  
 CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip

City & State  
 Zip

Country

Country



02202008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 26-0328246

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 BOMSTEIN, BRIAN E ESQ  
 4425 PONCE DE LEON BLVD. 4TH FLOOR  
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F97000006925	STREET ADDRESS	
NAME	BAYVIEW FINANCIAL MANAGEMENT CORP.	CITY-ST-ZIP	500120708635 03/19/08--01010--016 **500.00
STREET ADDRESS	4425 PONCE DE LEON BLVD. 4TH FLOOR	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: Brian E. Bomstein 2/21/08 3058548880  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 BRIAN E. BOMSTEIN SRP

STAPLE CHECK HERE