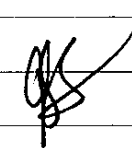


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

DOCUMENT # B97000000722 1. Entity Name BAYVIEW FINANCIAL, L.P.					
Principal Place of Business 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146			Mailing Address 4425 PONCE DE LEON BLVD 4TH FL 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 Country			City & State Zip Country		
4. FEI Number 65-0802027			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			01092007 Chg-LP CR2E003 (12/06)		
6. Name and Address of Current Registered Agent BOMSTEIN, BRIAN E ESQ 4425 PONCE DE LEON BLVD 4TH FL 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, 2007, 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	 700088816367 02/20/07--01031--008 **500.00	
NAME	BAYVIEW FINANCIAL MANAGEMENT CORP.		CITY-ST-ZIP		
STREET ADDRESS	4425 PONCE DE LEON BLVD 4TH FL		CITY-ST-ZIP		
CITY-ST-ZIP	CORAL GABLES, FL 33146		STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
CITY-ST-ZIP			STREET ADDRESS		
DOCUMENT #			CITY-ST-ZIP		
NAME			CITY-ST-ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			CITY-ST-ZIP		
NAME			STREET ADDRESS		
STREET ADDRESS			CITY-ST-ZIP		
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 629, Florida Statutes.

By: BAYVIEW FINANCIAL MANAGEMENT CORP., G.P.

SIGNATURE: Brian E. Bomstein 2/13/07 305-854-8880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

BRIAN E. BOMSTEIN, SVP & SECRETARY

STAPLE CHECK HERE