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	Mailing Address
4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146	4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146
2. Principal Place of Business - No P O Box #	3. Mailing Address
Suite, Apt. #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

01092007 Chg-LP CR2E003 (12/06)

4. FEI Number: 65-0802027 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOMSTEIN, BRIAN E ESQ 4425 PONCE DE LEON BLVD 4TH FL CORAL GABLES, FL 33146	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	
NAME	BAYVIEW FINANCIAL MANAGEMENT CORP.		
STREET ADDRESS	4425 PONCE DE LEON BLVD 4TH FL	CITY-ST-ZIP	
CITY-ST-ZIP	CORAL GABLES, FL 33146		
DOCUMENT # / NAME		STREET ADDRESS	700008816367
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	02/20/07--01031--008 **500.00
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # / NAME		STREET ADDRESS	
STREET ADDRESS / CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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

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

SIGNATURE: By ______________________ 2/13/07 305.854.8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

BRIAN E. BOMSTEIN, SVP + SECRETARY