## -2008 LIMITED PARTNERSHIP ANNUAL REPORT

## SECRETARY OF STATE TALLAHASSEE, FLORIDA **Due By May 1, 2008** DOCUMENT # B97000000722 08 MAR 11 PM 2: 45 1. Entity Name BAYVIEW FINANCIAL, L.P. Principal Place of Business Mailing Address 4425 PONCE DE LEON BLVD 4425 PONCE DE LEON BLVD 4TH FL 4TH FL CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02202008 Cha-LP CR2E003 (12/06) City & State City & State 4. FEI Number Applied For 65-0802027 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOMSTEIN, BRIAN E ESQ Street Address (P.O. Box Number is Not Acceptable) 4425 PONCE DE LEON BLVD 4TH FI CORAL GABLES, FL 33146 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 Florido. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable DATE 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. E97000006925 DOCUMENT A STREET ADDRESS NAME BAYVIEW FINANCIAL MANAGEMENT CORP. <del>200120708412</del> 03/19/08--01010--013 \*\*500.00 STREET ADDRESS 4425 PONCE DE LEON BLVD 4TH FL CITY-ST-ZIP CITY - ST - ZIP CORAL GABLES, FL 33146 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CiTY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREAT ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP

14. I hereby certify that the information supplied with this filling 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 accypte 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 Vexecute this report as required by Chapter 620, Florida Statutes

By: Baptic we find the control of the limited partnership of the receiver of trustee empowered Vexecute this report as required by Chapter 620. Florida Statutes

YPIO ON FRINTED NAME OF SIGNING GENERAL PARTNER BRIAN E. BOMSTEIN SVI

CHECK

SIGNATURE: .