

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90294 013 \*\*\*\*55.00

<b>DOCUMENT # L02000000467</b>					
<b>1. Entity Name</b> BAYVIEW FINANCIAL EXCHANGE SERVICES, LLC					
<b>Principal Place of Business</b> 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146			<b>Mailing Address</b> 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0373012	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD. 4TH FLOOR MIAMI, 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 _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> ERTEL, DAVID <b>STREET ADDRESS</b> 4425 PONCE DE LEON BLVD., 4TH FL <b>CITY-ST-ZIP</b> CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<b>TITLE</b> SVP <b>NAME</b> Evenson, Brett <b>STREET ADDRESS</b> 4425 Ponce de Leon Blvd., 4th Flr <b>CITY-ST-ZIP</b> Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> QUINT, DAVID <b>STREET ADDRESS</b> 4425 PONCE DE LEON BLVD., 4TH FL <b>CITY-ST-ZIP</b> CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Mischo, Adam <b>STREET ADDRESS</b> 4425 Ponce de Leon Blvd., 4th Flr <b>CITY-ST-ZIP</b> Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SVP <b>NAME</b> O'BRIEN, RICHARD <b>STREET ADDRESS</b> 4425 PONCE DE LEON BLVD., 4TH FL <b>CITY-ST-ZIP</b> CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Wayner, Stephen <b>STREET ADDRESS</b> 4425 Ponce de Leon Blvd., 4th Flr <b>CITY-ST-ZIP</b> Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> SVP <b>NAME</b> BOMSTEIN, BRIAN E <b>STREET ADDRESS</b> 4425 PONCE DE LEON BLVD., 4TH FL <b>CITY-ST-ZIP</b> CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<b>TITLE</b> SVP/S <b>NAME</b> Bomstein, Brian E <b>STREET ADDRESS</b> 4425 Ponce de Leon Blvd., 4th Flr <b>CITY-ST-ZIP</b> Coral Gables, FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SVPT <b>NAME</b> WEGNER, ROBERT A <b>STREET ADDRESS</b> 4425 PONCE DE LEON BLVD., 4TH FL <b>CITY-ST-ZIP</b> CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<b>TITLE</b> VP <b>NAME</b> Lominac, Eve <b>STREET ADDRESS</b> 4425 Ponce de Leon Blvd., 4th Flr <b>CITY-ST-ZIP</b> Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> ATSV <b>NAME</b> FISHER, JOHN H <b>STREET ADDRESS</b> 4425 PONCE DE LEON BLVD., 4TH FL <b>CITY-ST-ZIP</b> CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		<b>TITLE</b> V/AS <b>NAME</b> Carr, Thomas F <b>STREET ADDRESS</b> 4425 Ponce de Leon Blvd., 4th Flr <b>CITY-ST-ZIP</b> Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> _____			3/6/06      305-854-8880		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		
DAVID ERTEL, MGR					

# ATTACHMENT

DOCUMENT NO. L02000000467

BAYVIEW FINANCIAL EXCHANGE SERVICES, LLC

2008164

## 10. ADDITIONS/CHANGES

TITLE	VP	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
NAME	Williams, Marvin				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 <sup>th</sup> Floor				
CITY - ST- ZIP	Coral Gables, Florida 33146				