
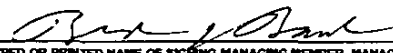


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90038 039 ****50.00

DOCUMENT # L03000027956 1. Entity Name BAYVIEW ACQUISITIONS, LLC					
Principal Place of Business P.O. BOX 24943 FORT LAUDERDALE, FL 33301			Mailing Address P.O. BOX 24943 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1051183	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANGELO, BARRY & BOLDT, P.A. 515 E. LAS OLAS BLVD., SUITE 850 FORT LAUDERDALE, FL 33301				Name Angele and Banta, P.A. Street Address (P.O. Box Number is Not Acceptable) 515 E. Las Olas Blvd. Suite 850 City FL Lauderdale FL Zip Code 33301	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANTA, BRADFORD C		NAME		
STREET ADDRESS	P.O. BOX 24943		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANTA, CATHERINE M		NAME		
STREET ADDRESS	P.O. BOX 24943		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASTINGS, MELVILLE H		NAME		
STREET ADDRESS	P.O. BOX 24943		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HASTINGS, RHONDA M		NAME		
STREET ADDRESS	P.O. BOX 24943		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33307		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: 			4-13-06 954 566 0759		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		