



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000027956</b> 1. Entity Name <b>BAYVIEW ACQUISITIONS, LLC</b>	
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Principal Place of Business <b>P.O. BOX 24943 FORT LAUDERDALE, FL 33301</b>	Mailing Address <b>P.O. BOX 24943 FORT LAUDERDALE, FL 33301</b>
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**DO NOT WRITE IN THIS SPACE**



03232007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1051183</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>ANGELO, BANTA P.A. 515 E. LAS OLAS BLVD., SUITE 850 FORT LAUDERDALE, FL 33301</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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) \_\_\_\_\_ DATE \_\_\_\_\_

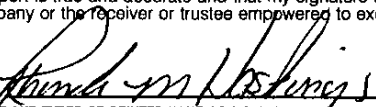
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANTA, BRADFORD C P.O. BOX 24943 FORT LAUDERDALE, FL 33307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANTA, CATHERINE M P.O. BOX 24943 FORT LAUDERDALE, FL 33307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASTINGS, MELVILLE H P.O. BOX 24943 FORT LAUDERDALE, FL 33307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASTINGS, RHONDA M P.O. BOX 24943 FORT LAUDERDALE, FL 33307
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000752156  
05/21/07-80005-007 50.00

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:**  **Rhonda M. Hastings** **4-24-07** **954 566 0759**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #