


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

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
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DO NOT WRITE IN THIS SPACE



03232007No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

**ANGELO, BANTA P.A.
515 E. LAS OLAS BLVD., SUITE 850
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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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05/21/07-80005-007 50.00

**DO NOT WRITE
IN THIS SPACE**

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* **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 #