

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000037138

**FILED**  
**Oct 02, 2012**  
**Secretary of State**

**Entity Name:** BAYVIEW US PROPERTIES LLC

**Current Principal Place of Business:**

9130 SOUTH DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156

**New Principal Place of Business:**

9130 SOUTH DADELAND BLVD  
SUITE 1509  
MIAMI, FL 33156

**Current Mailing Address:**

9130 SOUTH DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156

**New Mailing Address:**

9130 SOUTH DADELAND BLVD  
SUITE 1509  
MIAMI, FL 33156

**FEI Number:** 26-4712153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GUZMAN & GUZMAN P.A.  
9130 SOUTH DADELAND BLVD  
SUITE 1600  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

GUZMAN & GUZMAN P.A.  
9130 SOUTH DADELAND BLVD  
SUITE 1509  
MIAMI, FL 33156 US

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.

SIGNATURE: MARIO GUZMAN

10/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HALPERN, ZULEMA C DE  
Address: CORONEL DIAZ 2150 PISO 5 APART. O  
City-St-Zip: BUENOS AIRES - ARGENTINA, AR 1425

Title: MGR  
Name: HALPERN, DANIEL  
Address: 3 DE FEBRERO 2220 PISO 4  
City-St-Zip: BUENOS AIRES - ARGENTINA, AR 1428

Title: MGR  
Name: GLANZ, MARK I  
Address: AV SANTA FE 2862 PISO 11 APT. 31  
City-St-Zip: BUENOS AIRES - ARGENTINA, AR 1425

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL HALPERN

MGR

10/02/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date