2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001205

1. Entity Name
BAYVIEW FINANCIAL GROUP, LLC

20042638

Principal Place of Business 320 WALWORTH LANE EUTAWVILLE, SC 29048	Mailing Address 320 WALWORTH LANE EUTAWVILLE, SC 29048

01122005   Chg-LLC   CR2E083 (10/03)

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
57-1073732
Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JARVIS, JUDITH A P.A. 1260 W OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE, FL 33334	Name JUDITH A. JARVIS, P.A. Street Address (P.O. Box Number is Not Acceptable) 1260 E. OAKLAND PARK BLVD. SUITE 200 City FORT LAUDERDALE, FL Zip Code 33334

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 _____   4-18-05
Signature, type or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME BAETZ, DOUGLAS R STREET ADDRESS 3066 N. ATLANTIC BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33308	☐ Delete	TITLE MGRM NAME BAETZ, DOUGLAS R. STREET ADDRESS 1260 E. OAKLAND PARK BLVD. CITY-ST-ZIP FORT LAUDERDALE, FL 33334	☒ Change ☐ Addition
TITLE MGRM NAME GALLANT, GLENN M STREET ADDRESS 320 WALWORTH LANE CITY-ST-ZIP EUTAWVILLE, SC 29048	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____   4-18-05   954-630-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #
Glenn M. Gallant