2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1 of 2

0014891

DOCUMENT # M01000001444

1. Entity Name

BAYVIEW COLONNADE, LLC

FILED

2003 FEB 12 PM 12:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O BAYVIEW FINANCIAL TRADING GRP. L.P. 2665 S. BAYSHORE DR.. STE. 301 MIAMI FL 33133	C/O BAYVIEW FINANCIAL TRADING GRP. L.P. 2665 S. BAYSHORE DR.. STE. 301 MIAMI FL 33133

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4425 Ponce de Leon Blvd	4425 Ponce de Leon Blvd
Suite, Apt. #, etc.: 4th FLOOR	Suite, Apt. #, etc.: 4th FLOOR
City & State: CORAL GABLES FL	City & State: Coral Gables FL
Zip: 33146 Country:	Zip: 33146 Country:

4. FEI Number 65-1114977 ☐ 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
BOMSTEIN, BRIAN E ESQ. 2665 S. BAYSHORE DR., STE. 301 MIAMI FL 33133	Name: BRIAN E. BOMSTEIN, ESQ Street Address (P.O. Box Number is Not Acceptable): 4425 Ponce de Leon Blvd 4th FLOOR City: Coral Gables FL Zip Code: 33146

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 _____ BRIAN E. BOMSTEIN 2/6/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

400012388294
02/12/03--01006--011 **55.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP BOMSTEIN, BRIAN E 2665 S BAYSHORE DRIVE #301 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/S BOMSTEIN, BRIAN E. 4425 Ponce de Leon Blvd - 4th flr Coral Gables FL 33146	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MP ERTEL, DAVID 4425 Ponce de Leon Blvd - 4th flr Coral Gables FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M/SVP OPPENHEIM, ROBERT 4425 Ponce de Leon Blvd - 4th flr Coral Gables FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M/SVP QUINT, DAVID 4425 Ponce de Leon Blvd 4th flr Coral Gables, Florida 33146	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP Mischel, Laura L. 4425 Ponce de Leon Blvd - 4th flr Coral Gables FL 33146	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP/T WEGNER, Robert 4425 Ponce de Leon Blvd - 4th flr Coral Gables FL 33146 (Cont)	☐ Change ☒ Addition

CR2E083 (10/02)

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: SIGNATURE REQUIRED BRIAN E. BOMSTEIN SVP 2/12/03 305-341-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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BAYVIEW COLONNADE, LLC (Continuation)

10. **ADDITIONS/CHANGES**

TITLE	SVP/AS	☐ Change	☒ Adition
NAME	Fisher, John H.		
STREET ADDRESS	4425 Ponce de Leon Blvd. – 4th Floor		
CITY-ST-ZIP	Coral Gables FL 33146		

TITLE	AS	☐ Change	☒ Adition
NAME	Carr, Thomas F.		
STREET ADDRESS	4425 Ponce de Leon Blvd. – 4th Floor		
CITY-ST-ZIP	Coral Gables FL 33146		

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