## MOI 00000 1444

(Requestor's Name)	
2665 S. BAYSHORE DR. SUITE 301 MIAMI, FL 33133  BAYVIEW FINANCIAL	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
	_
(Business Entity Name)	
(Document Number)	_
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	d liability compa	ny is: <u>Bay</u> v	view C	olonnade, I	LC	<del></del>	*
2. The mailing address of	the limited liabil	lity company i	is :	2665 South	Bayshore	Drive,	^
Suite 300, Miam	i, FL 33133						
06/21/01				M010000014	44		-
3. Date of filing/registrati	on in Florida	<del></del>	4.	Document no	umber		
5. The name of the register Florida Department of S	red agent and the	registered of	fice ado	iress as showr	on the rec	cords of th	he
a rolland de paramona es a		n Bomstein,	Esq.				
		Name					
	2665 South			Ste. 300			
	Miami,	Address FL	3	33133	<del>.</del>	<b>박</b>	
	7,24,111,	City, State an	id Zip	33133		= 8	
6. The name and address of	of the new registe	red agent and	or offi	ce:		03 MAY 15	
	Brian	Bomstein, E	Esq.		<u> </u>	<u>5</u>	
	4425 Pos.	Name	R1 md	, 4th Floor		15 PH 2: 43	
•	Florida street ac			<del></del>	4	2: 43	
		·		• •	EL.	္လံ ငိမ	
	Coral Gable	F <u>L</u>		33134	<u></u> .		
	C	City, State and	Zip				
If the limited liability com- confirmed that after the ch- and the business office of liability company, it is here the members of the limited the operating agreement of	ange or changes a the registered age eby confirmed the I liability compar	are made, the ent will be ide at the change( ny or as othery	Florida ntical. (s) was/ wise pro	street addres Or, in the cas were authoriz	s of the reg e of a Flor ed by an a	gistered o ida limite ffirmative	ffice d vote of
(Signature of a member or authorize	ed representative of a	member)	<del></del>	12			
David Quint, Senion	: Vice Preside	ent					
(Printed or typed name of signee)		<del></del>	<del></del>	•			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Refistered Agent)	ntment as register s of all statutes re l'accept the oblig nis document is b thai the limited li Brian Bomsteir		l agree proper cosition nerely r iny has	to act in this c and complete a as registered reflect a chang been notified	capacity, I performan lagent as p ge in the re in writing	further a ce of my o provided gistered o of this ch	gree to duties, for in office ange.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**