



FILED
Mar 21, 2006 8:00 am
Secretary of State

20018163

DOCUMENT # M02000000633				03-21-2006 90294 014 ****55.00	
1. Entity Name BAYVIEW FINANCIAL SMALL BUSINESS FUNDING, LLC					
Principal Place of Business 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146		Mailing Address 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146		20018163	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 22-3863633	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ERTEL, DAVID 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shoer, Howard 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/S Bomstein, Brian E 4425 Ponce de Leon Blvd., 4th Flr Coral Gables FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSV QUINT, DAVID 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/AS Quint, David 4425 Ponce de Leon Blvd., 4th Flr Coral Gables FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT WEGNER, ROBERT A 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tarpey, Richard 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT FISCHER, JOHN H 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/AT Fischer, John H 4425 Ponce de Leon Blvd., 4th Flr Coral Gables FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASVP CARR, THOMAS F 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Evenson, Brett 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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: _____		3/6/06		305-854-8880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

DOCUMENT NO. M02000000633
BAYVIEW FINANCIAL SMALL BUSINESS FUNDING, LLC

ATTACHMENT
20018163

10. ADDITIONS/CHANGES

TITLE	VP	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
NAME	Lominac, Eve				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor				
CITY - ST- ZIP	Coral Gables, Florida 33146				

TITLE	VP	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
NAME	Williams, Marvin				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor				
CITY - ST- ZIP	Coral Gables, Florida 33146				

TITLE	VP	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
NAME	LaPointe, Peter				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor				
CITY - ST- ZIP	Coral Gables, Florida 33146				