

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90161 042 ****50.00

60026859



01102007 Chg-LLC CR2E083 (12/06)

DOCUMENT # M02000000633 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State		City & State		4. FEI Number 22-3863633	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOMSTEIN, BRIAN E ESQ. 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146				7. Name and Address of Now Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>	
Filing Fee is \$50.00 Due by May 1, 2007		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 <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVP BOMSTEIN, BRIAN E <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASSV QUINT, DAVID <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVPT WEGNER, ROBERT A <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY - ST - ZIP	SV/CAO/T WEGNER, ROBERT A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4425 Ponce de Leon Blvd., 4th Fl. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATSV FISCHER, JOHN H <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASVP CARR, THOMAS F <input type="checkbox"/> Delete 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				3/6/07 <small>Date</small>	
DAVID ERTEL, Manager				305-854-8880 <small>Daytime Phone #</small>	

ATTACHMENT

60026859

10. BAYVIEW FINANCIAL SMALL BUSINESS FUNDING, LLC
DOCUMENT NO. M02000000633

TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, RICHARD		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHOER, HOWARD		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CARRIGAN, EVE		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<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, FL 33146		

TITLE	V	<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, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	EVENSON, BRETT		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

TITLE	V	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ANDERSON, THOMAS		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		