

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90213 013 ****55.00

DOCUMENT # M02000003377

1. Entity Name
BAYVIEW MALLS LLC



Principal Place of Business
**4425 PONCE DE LEON BOULEVARD, 4TH FLOOR
CORAL GABLES, FL 33134**

Mailing Address
**4425 PONCE DE LEON BOULEVARD, 4TH FLOOR
CORAL GABLES, FL 33134**

24010170



2. Principal Place of Business
4425 Ponce De Leon Blvd

3. Mailing Address
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

01122004 Chg-LLC CR2E083 (10/03)

4. FEI Number
14-1861225

Applied For
☐ Not Applied

Zip
33146

Country

Zip
33146

Country

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

6. Name and Address of Current Registered Agent

**BOMSTEIN, BRIAN E ESQ.
4425 PONCE DE LEON BOULEVARD, 4TH FLOOR
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name
BOMSTEIN, BRIAN E., 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

Signature, typed 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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGR ☐ Delete

NAME
ERTEL, DAVID

STREET ADDRESS
4425 PONCE DE LEON BOULEVARD, 4TH FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
MGR/P ☒ Change ☐ Ad

NAME
ERTEL, DAVID

STREET ADDRESS
4425 PONCE DE LEON BLVD., 4TH FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33146

TITLE
MGR ☐ Delete

NAME
QUINT, DAVID

STREET ADDRESS
4425 PONCE DE LEON BOULEVARD, 4TH FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
MGR/SVP ☒ Change ☐ Ad

NAME
QUINT, DAVID

STREET ADDRESS
4425 PONCE DE LEON BLVD., 4TH FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33146

TITLE
MGR ☐ Delete

NAME
OPPENHEIM, ROBERT

STREET ADDRESS
4425 PONCE DE LEON BOULEVARD, 4TH FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33134

TITLE
MGR/SVP ☒ Change ☐ Ad

NAME
OPPENHEIM, ROBERT

STREET ADDRESS
4425 PONCE DE LEON BLVD., 4TH FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33146

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
SVP/S ☐ Change ☒ Ad

NAME
BOMSTEIN, BRIAN E

STREET ADDRESS
4425 PONCE DE LEON BLVD., 4TH FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33146

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
SVP/T ☐ Change ☒ Ad

NAME
WEGNER, ROBERT A

STREET ADDRESS
4425 PONCE DE LEON BLVD., 4th FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33146

TITLE
☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
SVP/AT ☐ Change ☒ Ad

NAME
FISCHER, JOHN H

STREET ADDRESS
4425 PONCE DE LEON BLVD., 4TH FLOOR

CITY-ST-ZIP
CORAL GABLES, FL 33146

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.

(BRIAN E. BOMSTEIN - SVP)

305-341-5611

CONT...

Attachment
24010170

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10. BAYVIEW MALLS, LLC
DOCUMENT NO. M02000003377

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

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, FL 33146		

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

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