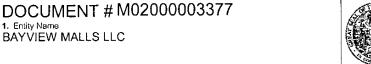
2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED

Apr 13, 2006 8:00 am Secretary of State

04-13-2006 90032 003 ****55.00

1. Entity Name **BAYVIEW MALLS LLC** Principal Place of Business Mailing Address 4425 PONCE DE LEON BLVD 4425 PONCE DE LEON BLVD 4TH FLOOR 4TH FLOOR CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212006 Chq-LLC CR2E083 (11/05) City & State 4. FEI Number Applied For City & State Not Applicable 14-1861225 Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOMSTEIN, BRIAN E ESQ. Street Address (P.O. Box Number is Not Acceptable) 4425 PONCE DE LEON BLVD, 4TH FLOOR CORAL GABLES, FL 33146 Zip Code City FL 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, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRP X1 Addition TITLE ☐ Change TITLE ☐ Detete Lominac, Eve ERTEL, DAVID NAME NAME 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 4425 PONCE DE LEON BOULEVARD, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES, #L 33146 CITY-ST-ZIP -.. X Addition MGR TITLE Change TITLE ☐ Delete VΡ QUINT, DAVID NAME NAME Williams, Marvin 4425 Ponce de Leon Blyd., 4th Flr STREET ADDRESS 4425 PONCE DE LEON BOULEVARD, 4TH FLOOR STREET ADDRESS Coral Gables, FL 33146 CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP ☐ Change Addition X MGR TITLE ☐ Delete TITLE Spillis, George OPPENHEIM, ROBERT NAME 4425 Ponce de Leon Blvd., 4th Flr STREET ADDRESS 4425 PONCE DE LEON BOULEVARD, 4TH FLOOR STREET ADDRESS CITY-ST-7IP Coral Gables, FL 33146 CITY-ST-ZIP CORAL GABLES, FL 33146 SVP/S ☐ Addition ☐ Delete TITLE Change TITLE SVP BOMSTEIN, BRIAN E NAME Bomstein, Brian E STREET ADDRESS 4425 PONCE DE LEON BLVD., 4TH FLOOR STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP V/AS Change X Addition TITLE ☐ Delete TITLE Carr, Thomas F WEGNER, ROBERT A NAME NAME 4425 Ponce de Leon Blvd., 4th Flr 4425 PONCE DE LEON BLVD., 4TH FLOOR STREET ADDRESS STREET ADDRESS Coral Gables, FL 33146 CORAL GABLES, FL 33146 CJTY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE ATSV TITLE FISCHER, JOHN H NAME NAME STREET ADDRESS 4425 PONCE DE LEON BLVD., 4TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CORAL GABLES, FL 33146

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.

3/6/06

305-854-8880

Daymne Prior e P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DAVID QUINT, MIR

SIGNATURE: