

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

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

**DOCUMENT # M02000003377**

1. Entity Name  
**BAYVIEW MALLS LLC**



Principal Place of Business  
**4425 PONCE DE LEON BLVD  
4TH FLOOR  
CORAL GABLES, FL 33146**

Mailing Address  
**4425 PONCE DE LEON BLVD  
4TH FLOOR  
CORAL GABLES, FL 33146**



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

14-1861225

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$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

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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRP ☐ Delete  
NAME ERTEL, DAVID  
STREET ADDRESS 4425 PONCE DE LEON BOULEVARD, 4TH FLOOR  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE VP ☐ Change ☒ Addition  
NAME Lominac, Eve  
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr  
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 33146

TITLE VP ☐ Change ☒ Addition  
NAME Williams, Marvin  
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr  
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 33146

TITLE VP ☐ Change ☒ Addition  
NAME Spillis, George  
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE SVP ☐ Delete  
NAME BOMSTEIN, BRIAN E  
STREET ADDRESS 4425 PONCE DE LEON BLVD., 4TH FLOOR  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE SVP/S ☒ Change ☐ Addition  
NAME Bomstein, Brian E  
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE SVPT ☐ Delete  
NAME WEGNER, ROBERT A  
STREET ADDRESS 4425 PONCE DE LEON BLVD., 4TH FLOOR  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE V/AS ☐ Change ☒ Addition  
NAME Carr, Thomas F  
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr  
CITY-ST-ZIP Coral Gables, FL 33146

TITLE ATSV ☐ Delete  
NAME FISCHER, JOHN H  
STREET ADDRESS 4425 PONCE DE LEON BLVD., 4TH FLOOR  
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

3/6/06

305-854-8880

Date

Daytime Phone #

DAVID QUINT, MGR