

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90063 025 ***138.75

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DOCUMENT # M03000002460					
1. Entity Name BAYVIEW FINANCIAL SECURITIES COMPANY, 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 56-2336517	
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 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent 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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME ERTEL, DAVID STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FLOOR CITY-ST-ZIP CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE V NAME Somerville, Jason STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Floor CITY-ST-ZIP Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGRP NAME QUINT, DAVID E STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FLOOR CITY-ST-ZIP CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE V NAME Glassman, Mark STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Floor CITY-ST-ZIP Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME UVA, KENNETH STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FLOOR CITY-ST-ZIP CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE V NAME Lominac, Eve STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Floor CITY-ST-ZIP Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VCF NAME WEGNER, ROBERT A STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FLOOR CITY-ST-ZIP CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete		TITLE V/AS NAME Carr, Thomas STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Floor CITY-ST-ZIP Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPS NAME BOMSTEIN, BRIAN E STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FLOOR CITY-ST-ZIP CORAL GABLES, FL 33146	<input type="checkbox"/> Delete		TITLE V NAME Williams, Marvin STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Floor CITY-ST-ZIP Coral Gables, FL 33146	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME WALDMAN, STUART STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FLOOR CITY-ST-ZIP CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete		TITLE V/CEO NAME Fischer, John H. STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Floor CITY-ST-ZIP 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			02-07-2008 (305) 854-8880 Date Daytime Phone #		

BRIAN E. BOMSTEIN, SVP