

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90048 031 \*\*\*\*55.00

40010000



01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
03-0527286

Applied For  
Not Applicable

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

<b>DOCUMENT # M03000003142</b>			
1. Entity Name BAYVIEW LOAN SERVICING, 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.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD., 4TH FLOOR MIAMI, FL 33136		7. Name and Address of New Registered Agent Name: Bomstein, Brian E Street Address (P.O. Box Number is Not Acceptable) 4425 Ponce De Leon Blvd., 4th Floor City: Coral Gables FL Zip Code: 33146	
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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: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP QUINT, DAVID E 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Waldman, Stuart 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP ERTEL, DAVID 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP Sovic, Matthew 4425 Ponce de Leon Blvd., 4th FL Coral Gables FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BOMSTEIN, BRIAN E 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS Bomstein, Brian E 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT WEGNER, ROBERT A 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Carr, Thomas 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATSP FISCHER, JOHN H 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS Campbell, Christopher 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP O'BRIEN, RICHARD 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rosen, Dayle 4425 Ponce de Leon Blvd., 4th FL 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 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.

**SIGNATURE:**

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

(David Quint) Feb. 25, 2005

305-854-8880

Date

Daytime Phone #

# ATTACHMENT

20016265

10. BAYVIEW LOAN SERVICING, LLC  
DOCUMENT NO. M03000003142

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

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

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

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

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

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

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

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

TITLE	AVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	D'ERRICO, JOHN.		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

## ATTACHMENT

200/6365  
#M03000003/42

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

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

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

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

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

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

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