

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90219 025 ****50.00

60015476



01102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 03-0527286 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

BOMSTEIN, BRIAN E
4425 PONCE DE LEON BLVD., 4TH FLOOR
MIAMI, 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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP	<input type="checkbox"/> Delete
NAME	QUINT, DAVID E	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	ERTEL, DAVID	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BOMSTEIN, BRIAN E	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	SVPT	<input type="checkbox"/> Delete
NAME	WEGNER, ROBERT A	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	ATSP	<input type="checkbox"/> Delete
NAME	FISCHER, JOHN H	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	O'BRIEN, RICHARD	
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4TH FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33146	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SV/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOMSTEIN, BRIAN	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th Flr.	
CITY-ST-ZIP	CORAL GABLES, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SV/AT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JOHN	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th Flr.	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	SV/M	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, RICHARD	
STREET ADDRESS	4425 Ponce de Leon Blvd., 4th Flr.	
CITY-ST-ZIP	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 its 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 ERTEL

2/13/07 305-854-8880

Date Daytime Phone #

ATTACHMENT

10. BAYVIEW LOAN SERVICING, LLC. 60015476
DOCUMENT NO. M03000003142

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

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

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

TITLE	V/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		

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

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

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

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

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

ATTACHMENT

10.

BAYVIEW LOAN SERVICING, LLC.
DOCUMENT NO. M03000003142

600/5476

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

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

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

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

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

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

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

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

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

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

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10. BAYVIEW LOAN SERVICING, LLC.
DOCUMENT NO. M03000003142

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

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

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

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

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

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

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

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

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10. BAYVIEW LOAN SERVICING, LLC.
DOCUMENT NO. M03000003142

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