


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90205 002 ****55.00

DOCUMENT # M04000001452	
1. Entity Name BAYVIEW-MOUNDS, 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



02212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 80-0105586		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BOMSTEIN, BRIAN E ESQ 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)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUINT, DAVID 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/SVP Quint, David 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERTEL, DAVID 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/SVP Ertel, David 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OPPENHEIM, ROBERT 4425 PONCE DE LEON BLVD., 4TH FLOOR CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/SVP Oppenheim, Robert 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/S Bomstein, Brian E 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/T Wagner, Robert 4425 Ponce de Leon Blvd., 4th Flr Coral Gables, FL 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP/AT Fischer, John H 4425 Ponce de Leon Blvd., 4th Flr 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: 	3/6/06 305-854-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

DAVID QUINT, MGR

DOCUMENT NO. M04000001452
BAYVIEW MOUNDS, LLC

ATTACHMENT
20015939

10. ADDITIONS/CHANGES

TITLE	VP/AS	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
NAME	Carr, Thomas				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor				
CITY - ST- ZIP	Coral Gables, Florida 33146				

TITLE	VP/	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
NAME	Lominac, Eve				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor				
CITY - ST- ZIP	Coral Gables, Florida 33146				

TITLE	VP	<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, Florida 33146				

TITLE	VP/	<input type="checkbox"/>	Change	<input checked="" type="checkbox"/>	Addition
NAME	Spillis, George				
STREET ADDRESS	4425 Ponce de Leon Blvd., 4 th Floor				
CITY - ST- ZIP	Coral Gables, Florida 33146				