

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90025 008 \*\*\*138.75

**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**

**60009432**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
**80-0105586**

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

**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 **MGRS** ☐ Delete  
NAME **QUINT, DAVID MGR**  
STREET ADDRESS **4425 PONCE DE LEON BLVD 4TH FLR**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

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

TITLE **MGRP** ☐ Delete  
NAME **ERTEL, DAVID**  
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

TITLE **SVP** ☐ Delete  
NAME **OPPENHEIM, ROBERT MGR**  
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

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

TITLE **SVP** ☒ 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**  
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

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

TITLE **SVT** ☒ Change ☐ Addition  
NAME **Fischer, John H.**  
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 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

Date

Daytime Phone #

**BRIAN E. BOMSTEIN, SVP**

**305-854-8880**

# ATTACHMENT

10. BAYVIEW MOUNDS, LLC

DOCUMENT NO. M04000001452

60009432

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

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

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