

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-28-2005 90048 032 \*\*\*\*55.00

20016364



01052005 Chg-LLC CR2E083 (10/03)

4. FEI Number **11-371 8301** 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 ESQ  
4425 PONCE DE LEON BLVD., 4TH FL  
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 \_\_\_\_\_

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

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERIEL, DAVID 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUINT, DAVID 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OPPENHEIM, ROBERT 4425 PONCE DE LEON BLVD., 4TH FL CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP Ertel, David 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	MGR-SVP Quint, David 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	MGR-SVP Oppenheim, Robert 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	SVPS Bomstein, Brian E 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	SVPT Wegner, Robert A 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP-AT Fischer, John H 4425 Ponce de Leon Blvd., 4th FL Coral Gables, FL 331246	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

(CONT)

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]*

(David Quint) Feb. 25, 2005

305-854-8880

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

Date

Daytime Phone #

# ATTACHMENT

2001636 LI

10. BAYVIEW LINCOLN ROAD, LLC  
DOCUMENT NO. M00400000175512

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	WILLIAMS, MARVIN		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 <sup>TH</sup> FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

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