

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90032 004 ****55.00

DOCUMENT # M04000001755

1. Entity Name
BAYVIEW LINCOLN ROAD, LLC



Principal Place of Business
**4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146**

Mailing Address
**4425 PONCE DE LEON BLVD., 4TH FL
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

02212006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

11-3718301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP ☐ Delete
NAME ERIEL, DAVID
STREET ADDRESS 4425 PONCE DE LEON BLVD., 4TH FL
CITY-ST-ZIP CORAL GABLES, FL 33146

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

TITLE MGRS ☐ Delete
NAME OPPENHEIM, ROBERT
STREET ADDRESS 4425 PONCE DE LEON BLVD., 4TH FL
CITY-ST-ZIP CORAL GABLES, FL 33146

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

TITLE SVPT ☐ Delete
NAME WEGNER, ROBERT A
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL
CITY-ST-ZIP CORAL SPRINGS, FL 33146

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

10. ADDITIONS/CHANGES

TITLE V/AS ☐ Change ☒ Addition
NAME Carr, Thomas F.
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
CITY-ST-ZIP Coral Gables, FL 33146

TITLE VP ☐ Change ☒ Addition
NAME Lominac, Eve
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
CITY-ST-ZIP Coral Gables, FL 33146

TITLE VP ☐ Change ☒ Addition
NAME Kalka, Steven
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
CITY-ST-ZIP Coral Gables, FL 33146

TITLE SVP/S ☒ Change ☐ Addition
NAME Bomstein, Brian E
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
CITY-ST-ZIP Coral Gables, FL 33146

TITLE VP ☐ Change ☒ Addition
NAME Williams, Marvin
STREET ADDRESS 4425 Ponce de Leon Blvd., 4th Flr
CITY-ST-ZIP Coral Gables, FL 33146

TITLE VP ☐ Change ☒ Addition
NAME Spillis, George
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 #

David Quint, Mgr

3/6/06

305-854-8880