

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90034 021 \*\*\*\*55.00

**DOCUMENT # M04000004843**

1. Entity Name  
**BAYVIEW LOAN ACQUISITION COMPANY, LLC**



Principal Place of Business  
**4425 PONCE DE LEON BLVD, 4TH FL  
CORAL GABLES, FL 33145**

Mailing Address  
**4425 PONCE DE LEON BLVD, 4TH FL  
CORAL GABLES, FL 33145**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02032005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**51-0527553**

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 FL  
CORAL GABLES, FL 33145**

7. Name and Address of New Registered Agent

Name  
**BOMSTEIN, BRIAN E**  
Street Address (P.O. Box Number is Not Acceptable)  
**4425 Ponce de Leon Blvd**  
City **CORAL GABLES** FL Zip Code **33146**

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
QRINT, DAVID  
4425 PONCE DE LEON BLVD, 4TH FL  
CORAL GABLES, FL 33145 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
QUINT, DAVID  
4425 Ponce de Leon Blvd, 4th FL  
CORAL GABLES FL 33146 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ERTEL, DAVID  
4425 Ponce de Leon Blvd, 4th FL  
CORAL GABLES FL 33146 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BAYVIEW FINANCIAL PROPERTY TRUST II  
4425 Ponce de Leon Blvd, 4th FL  
CORAL GABLES FL 33146 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPS  
BOMSTEIN, BRIAN E  
4425 Ponce de Leon Blvd, 4th FL  
CORAL GABLES FL 33146 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPT  
WEGNER, ROBERT A  
4425 Ponce de Leon Blvd, 4th FL  
CORAL GABLES FL 33146 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SVPT  
FISCHER, JOHN  
4425 Ponce de Leon Blvd, 4th FL  
CORAL GABLES, FL 33146 ☐ Change ☒ Addition

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)**

**3/25/05**

**305-854-8880**

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

Date

Daytime Phone #

# ATTACHMENT

## 260019630

10. BAYVIEW LOAN ACQUISITION COMPANY, INC.  
DOCUMENT NO. M04000004843

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