

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90002 041 \*\*\*\*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

**20014310**



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  
51-0527553

Applied For  
Not Applicable

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  
4425 PONCE DE LEON BOULEVARD 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

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

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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 MGRP ☐ Delete  
NAME ERTEL, DAVID  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
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 MGR ☐ Delete  
NAME BAYVIEW FINANCIAL PROPERTY TRUST II  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
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 SVP ☐ Delete  
NAME COMSTEIN, BRIAN  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
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 SVPT ☐ Delete  
NAME WEGNER, ROBERT A  
STREET ADDRESS 4425 PONCE DE LEON BLVD, 4TH FL  
CITY-ST-ZIP CORAL GABLES, FL 33146

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

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

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

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 606, 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*