

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90218 001 ****50.00

60015450



DOCUMENT # M06000006199 1. Entity Name BAYVIEW LENDING GROUP LLC					
Principal Place of Business 4425 PONCE DE LEON BLVD. ATTN: COMPLIANCE DEPT. CORAL GABLES, FL 33146			Mailing Address 4425 PONCE DE LEON BLVD. ATTN: COMPLIANCE DEPT. CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-5631902	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name BRIAN E. BOMSTEIN, ESQ. Street Address (P.O. Box Number is Not Acceptable) 4425 PONCE DE LEON BLVD., 4th FLR. 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		(Brian E. Bomstein)		2-8-07	
Signature, typed or printed name of registered agent and title if applicable 		(NOTE: Registered Agent signature required when resigning)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGR/CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BAYVIEW FINANCIAL, L.P.	NAME	ERTEL, DAVID		
STREET ADDRESS	4425 PONCE DE LEON BLVD.	STREET ADDRESS	4425 PONCE DE LEON BLVD., 4th FLR.		
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	MGR/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	QUINT, DAVID		
STREET ADDRESS		STREET ADDRESS	4425 PONCE DE LEON BLVD., 4th FLR.		
CITY-ST-ZIP		CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	MGR/SV/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	BOMSTEIN, BRIAN E.		
STREET ADDRESS		STREET ADDRESS	4425 PONCE DE LEON BLVD., 4th FLR.		
CITY-ST-ZIP		CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	TODARO, MICHAEL		
STREET ADDRESS		STREET ADDRESS	c/o 4425 PONCE DE LEON BLVD., 4th FLR.		
CITY-ST-ZIP		CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	BEARDI, JAMES J.		
STREET ADDRESS		STREET ADDRESS	c/o 4425 PONCE DE LEON BLVD., 4th FLR.		
CITY-ST-ZIP		CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	<input type="checkbox"/> Delete	TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	SOMERVILLE, JASON		
STREET ADDRESS		STREET ADDRESS	4425 PONCE DE LEON BLVD., 4th FLR.		
CITY-ST-ZIP		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:		2/13/07		305-854-8880	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	
DAVID ERTTEL					

ATTACHMENT

60015450

10. BAYVIEW LENDING GROUP, LLC
DOCUMENT NO. M060000006199

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

TITLE	SV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'BRIEN, RICHARD		
STREET ADDRESS	4425 PONCE DE LEON BLVD., 4 TH FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 33146		

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

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

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

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