

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90124 009 \*\*\*138.75

60006500



01302008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
APPLIED FOR **26-1361832** 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 FLOOR  
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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR/CEO	ERTOL, DAVID	4425 PONCE de Leon Blvd, 4TH FLOOR	CORAL GABLES FL 33146		
P	QUINT, DAVID	4425 PONCE de Leon Blvd	CORAL GABLES FL 33146		
SV/COO	FISCHER, John H.	4425 PONCE de Leon Blvd. 4TH FLOOR	CORAL GABLES FL 33146		
SV/S	BOMSTEIN, BRIAN	4425 Ponce de Leon Blvd, 4TH FLOOR	CORAL GABLES FL 33146		
SV	EVENSUN, BRETT	4425 Ponce de Leon Blvd, 4TH FLOOR	CORAL GABLES FL 33146		
SV	SOMERVILLE, JASON	4425 Ponce de Leon Blvd, 4TH FLOOR	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 #

BRIAN E. BOMSTEIN, SVP

2/1/08

305-854-8880

# ATTACHMENT

# 10006363  
M07000006591

10. BAYVIEW FUND MANAGEMENT LLC  
DOCUMENT NO. M07000006591

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

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

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

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

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