

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006592

FILED
Jan 06, 2011
Secretary of State

Entity Name: BLG GLOBAL MANAGEMENT LIMITED, LLC

Current Principal Place of Business:

10 UPPER BANK STREET
LONDON, UK B145JJ UK

New Principal Place of Business:

Current Mailing Address:

10 UPPER BANK STREET
LONDON, UK B145JJ UK

New Mailing Address:

FEI Number: 98-0533249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOMSTEIN, BRIAN E
4425 PONCE DE LEON BLVD., 4TH FLOOR
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BAYVIEW LENDING GROUP LLC
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146 US

Title: SVPT
Name: FISCHER, JOHN H
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRS
Name: BOMSTEIN, BRIAN E
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRC
Name: WADE, PETER
Address: C/O 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: MGRP
Name: QUINT, DAVID
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

Title: SVP
Name: LOMINAC, EVE
Address: 4425 PONCE DE LEON BLVD., 4TH FLOOR
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN E. BOMSTEIN

MGR

01/06/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date