

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

02-06-2008 90124 010 \*\*\*138.75

**DOCUMENT # M07000006602**

1. Entity Name  
**BAYVIEW FINANCIAL FUND PARTNER, LLC**



Principal Place of Business  
**4425 PONCE DE LEON BLVD., 5TH FLOOR  
CORAL GABLES, FL 33146**

Mailing Address  
**4425 PONCE DE LEON BLVD., 5TH FLOOR  
CORAL GABLES, FL 33146**

**60006362**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

**26-1369475**

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., 5TH 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 **MGR** ☐ Delete  
NAME **QUINT, DAVID**  
STREET ADDRESS **4425 PONCE DE LEON BLVD., 5TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE **P** ☒ Change ☐ Addition  
NAME **QUINT, DAVID**  
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **MGR/CEO** ☐ Change ☒ Addition  
NAME **ERTEL, DAVID**  
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **SV/CFO** ☐ Change ☒ Addition  
NAME **FISCHER, JOHN H.**  
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **SV/S** ☐ Change ☒ Addition  
NAME **BOMSTEIN, BRIAN E**  
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **SV** ☐ Change ☒ Addition  
NAME **EVENSON, BRETT**  
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**  
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE **SV** ☐ Change ☒ Addition  
NAME **SOMERVILLE, JASON**  
STREET ADDRESS **4425 PONCE DE LEON BLVD, 4TH FLOOR**  
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:**

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

Date

Daytime Phone #

**BRIAN E. BOMSTEIN, SV**

**2/1/08 305 854 8820**

# ATTACHMENT

60006362  
# M07000006602

10. BAYVIEW FINANCIAL FUND PARTNER, LLC  
DOCUMENT NO. M07000006602

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		