

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90213 019 ****55.00

DOCUMENT # M99000000134

1. Entity Name
BAYVIEW FINANCIAL ADVISORY SERVICES, LLC



Principal Place of Business
**4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146**

Mailing Address
**4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146**

24010164



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-0882278

Applied For
Not Applicable

Zip Country

Zip Country

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 ESQ
4425 PONCE DE LEON BLVD., 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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
BARFIELD, ROBERT H
4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP/T
WEGNER, ROBERT A
4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/AS
CARR, THOMAS F
4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPT
MISCHEL, LAURA L
4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP/MD
MISCHEL, LAURA L
4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVPS
BOMSTEIN, BRIAN E
4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
LOMINAC, EVE
4425 PONCE DE LEON BLVD., 4TH FL
CORAL GABLES, FL 33146 ☐ Change ☒ Addition

CONT.

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

(BRIAN E. BOMSTEIN - SVP)

2/2/04

305-341-5611

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

Date

Daytime Phone #

Attachment
24010164

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10. BAYVIEW FINANCIAL ADVISORY SERVICES, LLC.
DOCUMENT NO. M99000000134

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