

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1600008951

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**7713427775CC**

**Entity Name:** BAYVIEW FINANCIAL FUND PARTNER V, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 36-4850705

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BOMSTEIN, BRIAN E  
4425 PONCE DE LEON BLVD., 5TH FLOOR  
CORAL GABLES, FL 33146 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name BAYVIEW FUND MANAGEMENT, LLC  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title CEO  
Name ERTEL, DAVID  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title PRESIDENT, COO  
Name O'BRIEN, RICHARD  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVPS  
Name BOMSTEIN, BRIAN  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP - CFO  
Name O'NEIL, SEAN  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVPAS  
Name CARR, THOMAS  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name CHIMIENI, ANTONIO  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name PORTUGAL, CARLOS  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

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*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIAN E. BOMSTEIN

**SVP**

**04/23/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title SVP  
Name WALDMAN, STUART  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name WILLIAMS, MARVIN  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name WAGOVICH, TAMMIE  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP, CONTROLLER  
Name GLASSMAN, MARK  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name EVENSON, BRETT  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name LOMINAC, EVE  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title FIRST VP  
Name BRIGGS, DAVID  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146

Title SVP  
Name LITTLE, JOSEPH  
Address 4425 PONCE DE LEON BLVD., 5TH FLOOR  
City-State-Zip: CORAL GABLES FL 33146