



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 107519		2. Exact name of the limited liability company InterBay Funding, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION AND ORIGATION OF MORTGAGE LOANS			
5. Principal office address 4425 Ponce de Leon Blvd., 4th Floor		City Coral Gables	State Florida	Zip 33146	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard O'Brien			Contact Title Senior Vice President & Managing Director		
Street Address 4425 Ponce de Leon Blvd., 4th Floor		City Coral Gables	State Florida	Zip 33146	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name David Ertel			Manager Name		
Street Address 4425 Ponce de Leon Blvd., 4th Floor			Street Address		
City Coral Gables	State Florida	Zip 33146	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

RECEIVED
 SEP 29 AM 10:15
 CLERK OF STATE
 CORPORATIONS DIV.

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



107519

File Date 9/29/05
 Check No. 136777
 By: Ch

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 09/12/2005
 Signature of Authorized Person Date

David Ertel - President & Managing Director
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 107519		2. Exact name of the limited liability company InterBay Funding, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION AND ORIGATION OF MORTGAGE LOANS			
5. Principal office address 4425 Ponce de Leon Blvd. Compliance Dept.		City Coral Gables	State FL	Zip 33146	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard O'Brien			Contact Title Senior Vice President		
Street Address 4425 Ponce de Leon Blvd., 5th Flr.		City Coral Gables	State FL	Zip 33146	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name David Ertel			Manager Name N/A		
Street Address 4425 Ponce de Leon Blvd., 4th Floor			Street Address		
City Coral Gables	State FL	Zip 33146	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 7 5 1 9 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 10/29/04
Check No. 117663
By: DA
FOR SECRETARY OF STATE USE ONLY

[Signature] 10-20-2004
Signature of Authorized Person Date
David E. Quint, Sr. Vice President
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 107519		2. Exact name of the limited liability company InterBay Funding, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION AND ORIGATION OF MORTGAGE LOANS			
5. Principal office address 4425 Ponce De Leon Blvd. Compliance Dept.		City Coral Gables	State FL	Zip 33146	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard O'Brien			Contact Title Senior Vice President		
Street Address 4425 Ponce De Leon Blvd. 5th Floor		City Coral Gables	State FL	Zip 33146	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name David Ertel			Manager Name N/A		
Street Address 4425 Ponce De Leon Blvd. 4th Fl.		Street Address			
City Coral Gables	State FL	Zip 33146	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 9-17-03
Check No. 100958
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9/18/03
Signature of Authorized Person Date
David E. Quint, Sr. Vice President
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 107519		2. Exact name of the limited liability company InterBay Funding, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUISITION AND ORIGATION OF MORTGAGE LOANS			
5. Principal office address 2601 South Bayshore Drive, Ste. 400			City Miami	State FL	Zip 33133
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Richard O'Brien			Contact Title Senior Vice President		
Street Address 2601 South Bayshore Drive, Ste. 400			City Miami	State FL	Zip 33133
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name David Ertel			Manager Name		
Street Address 2665 South Bayshore Dr. #300			Street Address		
City Miami	State FL	Zip 33133	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 0 7 5 1 9 *

File Date	<u>9.24.02</u>
Check No.	<u>36777</u>
By:	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9/20/02
Signature of Authorized Person Date
David Quint, President
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040



LIMITED LIABILITY COMPANY

ID Number FLLC 107519

Annual Report for the year 2001

1. The name of the limited liability company is:

InterBay Funding, LLC

2. The address of the principal office of the limited liability company is:

2601 South Bayshore Drive, Suite 400 Miami, Fl 33133

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 2665 South Bayshore Drive, Suite 301 Miami, FL 33133

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Acquisition and Origination of mortgage loans.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name	Address
<u>David Ertel</u>	<u>2665 South Bayshore Drive, Suite 301 Miami, FL 33133</u>
<u>David Quint</u>	<u>2665 South Bayshore Drive, Suite 301 Miami, FL 33133</u>

Dated September 28, 2001

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.



Interbay Funding, LLC
Exact Name of Limited Liability Company

By [Signature]
Senior Vice President
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9-28-01</u>
Check No.:	<u>23290</u>
By:	<u>[Signature]</u>

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 107519

Annual Report for the year 2000

1. The name of the limited liability company is:

InterBay Funding, LLC

2. The address of the principal office of the limited liability company is:

2601 SOUTH BAYSHORE DRIVE SUITE 400 MIAMI FLA 33133

3. The state or other jurisdiction under the laws of which it is formed is DELAWARE

4. The name and address of its resident agent is: CT CORPORATION SYSTEM

10 WEYBOSSET STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: LIONEL ANTUNES

2601 S. Bayshore Dr. Suite 400 MIAMI FL 33133

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: _____

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

NANCY HECTOR
DAVID ERTTEL

50 2665 S. Bayshore Dr. Suite 301 - MIAMI FL 33133
50 2665 S. Bayshore Dr. Suite 301 - MIAMI FL 33133

Dated _____



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

INTERBAY FUNDING, LLC
Exact Name of Limited Liability Company

By Lionel Antunes
LIONEL ANTUNES
SENIOR VICE PRESIDENT
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 10-16-00
Check No.: 13456
By: AMF