

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 05, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000002333**1. Entity Name
RIVERBEND MOTORCOACH RESORT LLC

Principal Place of Business	Mailing Address
527 MARQUETTE AVENUE SOUTH, STE. 2340	527 MARQUETTE AVENUE SOUTH, STE. 2340
MINNEAPOLIS MN 55402	MINNEAPOLIS MN 55402

2. Principal Place of Business	3. Mailing Address
527 MARQUETTE AVENUE SOUTH	527 MARQUETTE AVENUE SOUTH

Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE #2340	SUITE #2340

City & State	City & State
MINNEAPOLIS MN	MINNEAPOLIS MN

Zip	Country	Zip	Country
55402		55402	

4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US**7. Name and Address of New Registered Agent**Name
NELSON, JR. GEORGE NMG. MEM
Street Address (P.O. Box Number is Not Acceptable)
C/O LANDMARK MGT. CO. 4933 TAMiami TRAIL N
SUITE 200
City NAPLES FL Zip Code 34103

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.

SIGNATURE **GEORGE N. NELSON, JR.****02/05/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**9. MANAGING MEMBERS / MEMBERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George N. Nelson, Jr.**MGR****02/05/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)