

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90010 027 ****50.00

DOCUMENT # M00000002333					
1. Entity Name RIVERBEND MOTORCOACH RESORT LLC					
Principal Place of Business 333 WASHINGTON AVE N # 200 MINNEAPOLIS, MN 55401			Mailing Address 333 WASHINGTON AVE N # 200 MINNEAPOLIS, MN 55401		
2. Principal Place of Business			3. Mailing Address 10 Second Street N.E.		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Ste 401		
City & State			City & State Minneapolis, MN		
Zip		Country		Zip 55413	
Country		Country HPN		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NELSON, JR., GEORGE N MM 333 WASHINGTON AVE N MINNEAPOLIS, MN 55401				
<input type="checkbox"/> Delete					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10 second street N.E, Ste 401 Minneapolis, MN 55413				
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
(Empty row for additions/changes)					
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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date 3.29.05 Daytime Phone # 612-333-5263					