

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90012 045 \*\*\*\*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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**NELSON, JR., GEORGE N MG. MEM  
C/O LANDMARK MGT. CO. 4933 TAMiami TRAIL N  
SUITE 200  
NAPLES FL 34103**

Name

**George N. Nelson Jr. MG. MEM**

Street Address P.O. Box Number is Not Acceptable)

**40 Landmark MGT. CO.**

**4760 Tamiami Trail N. Suite 6**

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
NELSON, JR., GEORGE N MM  
333 WASHINGTON AVE N  
MINNEAPOLIS MN 55401**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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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: x**  
**George N. Nelson, Jr.**  
**SECRETARY REQUIRED**

**3.23.03**

**612-373-9847**

Date

Daytime Phone #

CR2E083 (10/02)