


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90592 036 ****50.00

DOCUMENT # M04000004126		
1. Entity Name WEST OF RIVERBEND LLC		

Principal Place of Business 333 WASHINGTON AVENUE NORTH, SUITE 200 MINNEAPOLIS, MN 55401	Mailing Address 333 WASHINGTON AVENUE NORTH, SUITE 200 MINNEAPOLIS, MN 55401
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2. Principal Place of Business 10 Second St. N.E.	3. Mailing Address 10 Second St. N.E.
Suite/Apt. #, etc. 401	Suite/Apt. #, etc. 401

City & State Minneapolis, MN	City & State Minneapolis, MN
Zip 55413	Zip 55413
Country Hennepin	Country Hennepin

03072005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1660913	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NELSON, GEORGE N JR		NAME Nelson, George N JR	
STREET ADDRESS 333 WASHINGTON AVENUE NORTH, SUITE 200		STREET ADDRESS 10 Second Street N.E. Ste 401	
CITY-ST-ZIP MINNEAPOLIS, MN 55401		CITY-ST-ZIP Minneapolis, MN 55413	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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.	Date: 3/8/05	Daytime Phone #: 612-333-5263
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