


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M99000001223</b> 1. Entity Name GFS RIVER BEND LLC	
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<b>Principal Place of Business</b> 2801 ALASKAN WAY STE 200 SEATTLE, WA 98121	<b>Mailing Address</b> 2801 ALASKAN WAY STE 200 SEATTLE, WA 98121
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**DO NOT WRITE IN THIS SPACE**



01092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 91-1977724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2004**

000000051347  
02/16/04-80048-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN, JOHN A 2801 ALASKAN WAY STE 200 SEATTLE, WA 98121
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRELSON, STAN 2801 ALASKAN WAY STE 201 SEATTLE, WA 98104
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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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_