

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001223

1. Entity Name
GFS RIVER BEND LLC



Principal Place of Business

2801 ALASKAN WAY
STE 200
SEATTLE, WA 98121

Mailing Address

2801 ALASKAN WAY
STE 200
SEATTLE, WA 98121

DO NOT WRITE IN THIS SPACE



07052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
91-1977724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

U000000569688

07/12/06-80000-021 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kevin Davis

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

07/06/06

Date

(206) 215-9795

Daytime Phone #