

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001461

1. Entity Name

RIVER BEND PARTNERS, L.L.C.

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

8 Campus Drive, 4th Floor

3. Mailing Address

8 Campus Drive, 4th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parsippany, NJ

City & State

Parsippany, NJ

4. FEI Number

22-3676742

Applied For

Not Applicable

Zip

07054

Country

U.S.A.

Zip

07054

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT 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

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

Member ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
The Prudential Variable Contract Real
Property Partnership
8 Campus Dr, Parsippany NJ 07054

Member ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
GFS River Bend, LLC
401 Second Avenue South, Suite 118
Seattle, WA 98104

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100004134841-7
-05/03/01--01136--020

☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
*****50.00 *****50.00

☐ Change ☐ Addition
NAME
STREET ADDRESS
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

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

Date

Daytime Phone #

Charles J. Whitte
Charles J. Whitte, U.P. The Prudential Ins. 4/2/01 (973) 683-1628

CR2E083 (11/00)