

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



1. DOCUMENT # M99000001461

Name and Mailing Address

0006775 01 FP 0.352 \*\*PRSR T1 0 0615 07054-440904



RIVER BEND PARTNERS, L.L.C.  
8 CAMPUS DRIVE, 4TH FLOOR  
PARSIPPANY NJ 07054-4409

FILED  
02 DEC 17 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>2. New Mailing Address</b> City, State, Zip		<b>4. State/Country of Formation</b> DE	
<b>Principal Place of Business</b> 8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY NJ 07054-4439		<b>5. Date Organized or Qualified To Do Business in Florida</b> 09/16/1999	
<b>3. New Principal Place of Business Address</b> City, State, Zip		<b>6. FEI Number</b> 22-3676742 <b>Applied For</b> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
<b>10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.</b> Signature of Registered Agent <i>[Signature]</i> Date 12-16-02 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	THE PRUDENTIAL VARIABLE CONTRACT REAL P	ARBOR CIRCLE SOUTH, 8 CAMPUS DR., 4TH FL	PARSIPPANY NJ 07054-4439
MGRM	GFS RIVER BEND LLC	401 SECOND AVENUE SOUTH, SUITE 118	SEATTLE WA 98104
			8000009019288 11/15/02--01020--018 **150.00
<b>REINSTATEMENT</b> 2002 MK			

CR2E084 (8/02)

**12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

Signature of Managing Member/Manager

Date 11-06-02 Daytime Phone (407) 949-0800

Typed or printed name of signing Managing Member/Manager