

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M9900001461

FILED

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

1. DOCUMENT # M9900001461
 Name and Mailing Address

0006775 01 FP 0.352 **PRSRT T1 0 0615 07054-440904

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



2. New Mailing Address		4. State/Country of Formation	
City, State, Zip		DE	
Principal Place of Business		5. Date Organized or Qualified To Do Business in Florida	
8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY NJ 07054-4439		09/16/1999	
3. New Principal Place of Business Address		6. FEI Number	
City, State, Zip		22-3676742	
		Applied For	
		Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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.
 Signature of Registered Agent: *[Signature]* REGISTERED AGENT MUST SIGN Date: 12-16-02

11. Names and Street Addresses of Each Managing Member/Manager			
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
			800009019288 11/15/02--01020--018 **150.00
REINSTATEMENT		2002	
		<i>[Signature]</i>	

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: *[Signature]* Date: 11-06-02 Daytime Phone: (407) 949-0800

Typed or printed name of signing Managing Member/Manager: *[Name]*

CR2E084 (8/02)