



2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

05 DEC -5 AM 8:48

SECRETARY OF STATE -
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001461					
1. Entity Name RIVER BEND PARTNERS, L.L.C.					
Principal Place of Business 8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY, NJ 07054-4439			Mailing Address 8 CAMPUS DRIVE, 4TH FLOOR PARSIPPANY, NJ 07054-4439		
2. Principal Place of Business 2801 Alaskan Way		3. Mailing Address 2801 Alaskan Way		 11232005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Seattle, WA		City & State Seattle, WA			
Zip 98121-1136		Zip 98121-1136			
4. FEI Number 22-3676742				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete THE PRUDENTIAL VARIABLE CONTRACT REAL PROP ARBOR CIRCLE SOUTH, 8 CAMPUS DR., 4TH FL PARSIPPANY, NJ 070544439		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN A. GOODMAN 2801 ALASKAN WAY, SUITE 200 SEATTLE, WA 98121-1136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input checked="" type="checkbox"/> Delete GFS RIVER BEND LLC 401 SECOND AVENUE SOUTH, SUITE 118 SEATTLE, WA 98104		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STANLEY J. HARRELSON 2801 ALASKAN WAY, SUITE 200 SEATTLE, WA 98121-1136	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 400062127204 12/13/05--01057--001 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Stanley J. Harrelson, Manager		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>11/30/05</u> Daytime Phone # _____		