

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

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

City & State
Seattle, WA

City & State
Seattle, WA

Zip
98121-1136

Zip
98121-1136

Country

11232005 Chg-LLC CR2E083 (10/03)

4. FEI Number
22-3676742

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

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. 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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
NAME THE PRUDENTIAL VARIABLE CONTRACT REAL PROP
STREET ADDRESS ARBOR CIRCLE SOUTH, 8 CAMPUS DR., 4TH FL
CITY-ST-ZIP PARSIPPANY, NJ 070544439

TITLE MGR Change Addition
NAME JOHN A. GOODMAN
STREET ADDRESS 2801 ALASKAN WAY, SUITE 200
CITY-ST-ZIP SEATTLE, WA 98121-1136

TITLE MGRM Delete
NAME GFS RIVER BEND LLC
STREET ADDRESS 401 SECOND AVENUE SOUTH, SUITE 118
CITY-ST-ZIP SEATTLE, WA 98104

TITLE MGR Change Addition
NAME STANLEY J. HARRELSON
STREET ADDRESS 2801 ALASKAN WAY, SUITE 200
CITY-ST-ZIP SEATTLE, WA 98121-1136

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

4000062127284 Change Addition
12/13/05--01057--001 **\$50.00

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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

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

11/30/05

Date

Daytime Phone #