

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90104 030 ****50.00

DOCUMENT # M99000001461

1. Entity Name

RIVER BEND PARTNERS, L.L.C.



Principal Place of Business

Mailing Address

**8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY NJ 07054-4439**

**8 CAMPUS DRIVE, 4TH FLOOR
PARSIPPANY NJ 07054-4439**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. 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 _____

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

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 07054-4439**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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.

Prudential Investment Management, Inc., investment-manager for The Prudential Variable Contract Real Property Partnership

SIGNATURE: *Joan N. Hayden* **REQUIRED** **Joan N. Hayden, Assistant Secretary 7/25/03 973-734-1367**

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

Date

Daytime Phone #

CR2E083 (4/03)