FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 26 PM 6:29

1. Name of Limited Partnership

1a. DOCUMENT # A31223

ROYAL TALLAHASSEE PARTNERSHIP II LIMITED PARTNERSHIP 94-AFM

Mailing Address	Principal Office Address
1605 SO. STATE ST. #112 CHAMPAIGN IL 61820	1700 W. CALL ST. TALLAHASSEE FL 32302

2. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc
City & State
Zip Country

3. Date Formed or Registered
02/22/1991

3a. Date of Last Report
12/08/1997

4. State or Country of Formation
IL

5a. Capital Contributions as Shown on Record
$3,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
37-1266780
☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

~~BOYD, JOSEPH R ESQ.~~
~~1407 PIEDMONT DRIVE EAST~~
~~TALLAHASSEE FL 32312~~

10. If changed, new Registered Agent/Office

Name: Elwin Thrasher III.
Street Address (P.O. Box Number Is Not Acceptable): 908 Wood Gadsden St.
Suite, Apt. #, etc:
City: Tallahassee FL Zip Code: 32303

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership, organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
HENNENMAN, MICHAEL J	1001 WILSHIRE CT.	CHAMPAIGN IL 61821	
KEELING, DAVID F	2220 BRIAR HILL DRIVE 2201 Valley Brook Dr.	CHAMPAIGN IL 61821	
SCHMIDT, RODRICK L	1711 A HARRINGTON DR.	CHAMPAIGN IL 61821	
WORNER, ERIC S	1605 SO. STATE ST. #117	CHAMPAIGN IL 61820	

-02/08/1999-01106-002
****141.25 ****141.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [signature] DATE 1/21/99

Typed or Printed Name of General Partner Signing Form: Eric S Worner Daytime Telephone Number: 217 356 8888