

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31223**

1. Entity Name

ROYAL TALLAHASSEE PARTNERSHIP II LIMITED PARTNER

Principal Place of Business

**1700 W. CALL ST.
TALLAHASSEE FL 32302**

Mailing Address

**1605 SO. STATE ST. #112
CHAMPAIGN IL 61820-7264**

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

37-1266780

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THRASHER, ELWIN III
908 NORTH GADSDEN ST.
TALLAHASSEE FL 32303**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**HENNINGMAN, MICHAEL J
1001 WILSHIRE CT.
CHAMPAIGN IL 61822**

STREET ADDRESS

CITY - ST - ZIP

**400003256914-3
-05/18/00--01025--001
****141.25 ****141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**KEELING, DAVID F
2220 BRIAR HILL DRIVE
CHAMPAIGN IL 61821**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**SCHMIDT, RODRICK L
2207 VALLEY BROOK DR.
CHAMPAIGN IL 61822**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**WORNER, ERIC S
1605 SO. STATE ST. #112
CHAMPAIGN IL 61820**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/2000
Date

Daytime Phone #

Eric S. Worner

(66) (S) 0003 24 C