

# 2001 UNIFORM BUSINESS REPORT (UBR)

0018839 AB

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

FILED

01 APR -9 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1266780

Applied For

Not Applicable

Zip

Country

Zip

Country

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 HENNENMAN, MICHAEL J  
STREET ADDRESS 1001 WILSHIRE CT.  
CITY-ST-ZIP CHAMPAIGN IL 61822

STREET ADDRESS 1802 Cobblefield Rd  
CITY-ST-ZIP

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

STREET ADDRESS 900004011899--S  
CITY-ST-ZIP 04/16/01 01031-021  
\*\*\*\*141.25 \*\*\*\*141.25

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

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME WORNER, ERIC S  
STREET ADDRESS 1605 SO. STATE ST. #112  
CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)