


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # A31223	
1. Entity Name ROYAL TALLAHASSEE PARTNERSHIP II LIMITED PARTNERSHIP	

Principal Place of Business 1700 W. CALL ST. TALLAHASSEE, FL 32302	Mailing Address 1605 SO. STATE ST. #112 CHAMPAIGN, IL 61820
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01092004 Chg-LP CR2E003 (10/03)

4. FEI Number 37-1266780	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
THRASHER, ELWIN III 908 NORTH GADSDEN ST. TALLAHASSEE, FL 32303	

7. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	HENNENMAN, MICHAEL J	STREET ADDRESS	
NAME	1802 COBBLEFIELD RD.	CITY - ST - ZIP	
STREET ADDRESS	CHAMPAIGN, IL 61822		
CITY - ST - ZIP			
DOCUMENT #	KEELING, DAVID F	STREET ADDRESS	
NAME	2220 BRIAR HILL DRIVE	CITY - ST - ZIP	
STREET ADDRESS	CHAMPAIGN, IL 61821		
CITY - ST - ZIP			
DOCUMENT #	SCHMIDT, RODRICK L	STREET ADDRESS	
NAME	2207 VALLEY BROOK DR.	CITY - ST - ZIP	
STREET ADDRESS	CHAMPAIGN, IL 61822		
CITY - ST - ZIP			
DOCUMENT #	WORNER, ERIC S	STREET ADDRESS	
NAME	1605 SO. STATE ST. #112	CITY - ST - ZIP	
STREET ADDRESS	CHAMPAIGN, IL 61820		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

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03/03/04-80014-008 141.25

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: Eric S Warner G.P. ERIC S WARNER 1/9/04 217-356-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE