

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 A**  
**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**



01092006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

3. 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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HENNENMAN, MICHAEL J  
1802 COBBLEFIELD RD.  
CHAMPAIGN, IL 61822**

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

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

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000554094  
05/15/06-80079-007 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

**4/25/06 217-350-8888**

STAPLE CHECK HERE