

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND 5000 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 DEC 12 11:10:24

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000425

Royal Gainesville Limited Partnership

DO NOT WRITE IN THIS SPACE

2. New Mailing Address If Applicable

Suite Apt # etc

City, State & Zip

2a. New Principal Office Address If Applicable

Suite Apt # etc

City, State & Zip

Mailing Address

Principal Office Address

509 W. University Ave.
Champaign, IL 61820

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA

11-28-95

3a. Date of Last Report

N/A

4. State or Country of Formation

Illinois

5a. Capital Contributions as Shown on Record

1,937,000.00

5b. Amount of Capital Contributions in FLORIDA to date

1,937,000.00

6. FEI Number

37-1348470

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1) Filing Fee. Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. If changed, new Registered Agent/Office

Name

200001663632

Street Address (P.O. Box Number is Not Acceptable)

12/18/95-01011-021

Suite Apt # etc

***576.25 ***576.25

City

FL

Zip Code

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)

Gainesville Partners

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

509 W. University

11b. City, State & Zip Code

Champaign, IL 61820

11c. Registration Document Number

G95332900001

CR2E003 (6/95)

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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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 *Eric Wornor*

DATE 12-7-95

Typed or Printed Name of General Partner Signing Form Eric Wornor

Telephone Number (217) 356-8888

1204 HAYS STREET
TALLAHASSEE, FL 32304
904-222-9471
1-800-342-8086

800-342-8086

B95000000425



ACCOUNT NO. : 072100000032
REFERENCE : 725356 1775A
AUTHORIZATION :
COST LIMIT : \$ PREPAID

FILED OF STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 NOV 28 AM 11:01
FILED OF STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
95 NOV 28 AM 11:01

ORDER DATE : NOVEMBER 8, 1995

ORDER TIME : 11:19 AM

ORDER NO. : 725356

CUSTOMER NO: 1775A

CUSTOMER: Daniel G. Harrington, Esq
Harrington Porter Ermentrout
Suite 601
201 West Springfield Avenue
Champaign, IL 61820

C. TAX _____
FILING 1750.00
R. AGENT FEE 25.42
C. COPY _____
TOTAL 1775.42
N. BANK _____
BALANCE DUE _____
DEFEND _____

FOREIGN FILINGS

Wegman

NAME: ROYAL GAINESVILLE LIMITED PARTNERSHIP

XXX PROFIT
 NON-PROFIT

 CORPORATE
 LIMITED PARTNERSHIP

XXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 X PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Karen Rozar

RECEIVED
95 NOV 7 PM 4:20
100001651391
-12/01/95--01077--001
***1750.00 ***1750.00
100001651391
-12/01/95--01077--002
*****35.00 *****35.00

11/28/95

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. ROYAL GAINESVILLE LIMITED PARTNERSHIP
(Name of limited partnership as it is in the home state;)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Illinois (State of Formation) 4. October 24, 1965 (Date of Formation)

5. Corporation Service Company
(Name of Registered Agent for Service of Process)

6. 1201 Hays Street
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

[Signature]
(Agent must sign on this line) Aren B. Rozar, as its agent

8. 509 W. University Ave., Champaign, IL 61820
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS	SPECIFIC ADDRESS
Gainesville Partners	509 E. University Champaign, IL 61820

69537290001

10. 509 E. University Ave., Champaign, IL 61820
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

Suite 601
12. 201 W. Springfield, Champaign, IL 61820
(Mailing Address of Limited Partnership)

FILED
DIVISION OF CORPORATIONS
SECRETARY OF STATE
NOV 22 AM 11:01 '65

This 25 day of OCTOBER, 19 95.

X 2764
General Partner

SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 NOV 28 AM 11:01

STATE OF
COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 25th day
of October, 19 95, by Thomas E. Herrington, Jr. (Name of General Partner) of

Royal Carrouville Limited Partnership
(Name of Limited Partnership), An Illinois (State or Country) Limited
Partnership, on behalf of the Limited Partnership.

Rebecca A. White

Notary Public
State of Illinois at Large

(SEAL) My Commission Expires:
May 10, 1997

"OFFICIAL SEAL"
REBECCA A. WHITE
Notary Public, State of Illinois
My Commission Expires May 10, 1997

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Thomas E. Harrington, Jr., a general partner of Royal Gainesville Limited Partnership, a (an) Illinois limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ \$1,937,000.00.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,937,000.00.

This 25 day of October, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

General Partner

X 2 TLY

STATE OF ILLINOIS
DEPARTMENT OF REVENUE
NOV 28 10 13 AM '95

STATE OF Illinois
COUNTY OF Champaign
DATE October 25, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Thomas E. Harrington, Jr. (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 25th day of October, 1995.

Seal

Rebecca A. White
Notary Public

State of Illinois at Large
My Commission Expires: May 10, 1997

