

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 18 PM 12:39

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000425

ROYAL GAINESVILLE LIMITED PARTNERSHIP

Mailing Address

201 W. SPRINGFIELD, SUITE 601
CHAMPAIGN IL 61820

Principal Office Address

509 W. UNIVERSITY AVENUE
CHAMPAIGN IL 61820

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

11/28/1995

5a. Capital Contributions as
Shown on record

\$1,937,000.00

3a. Date of Last Report

12/12/1995

4. State or Country of Formation

IL

5b. Amount of Capital
Contributions in FL ORIDA
to date

6. FEI Number

37-1348470

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

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

100001989161--2

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

Suite, Apt. #, etc.

10/29/96--01125--002
****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 AVE

11b. City, State & Zip Code

CHAMPAIGN IL 61820

11c. Registration/
Document Number

G95332900001

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 S. Worner

DATE

9/18/96

Typed or Printed Name of General Partner Signing Form

ERIC S. WORNER

Daytime Telephone Number

217-356-8888

CP2E003 (6/96)