FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

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

FILED
99 JAN 25 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
1605 S STATE STREET, SUITE 112
CHAMPAIGN IL 61820

2. Mailing Address
Suite, Apt #, etc
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc
City & State
Zip Country

3. Date Formed or Registered: 11/28/1995
3a. Date of Last Report: 11/14/1997
4. State or Country of Formation: IL
5a. Capital Contributions as Shown on record: $1,937,000.00
5b. Amount of Capital Contributions in FLORIDA 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

~~DAVIS, BETH~~
~~309 NE 1ST STREET~~
GAINESVILLE FL 32601

10. If changed, new Registered Agent/Office
Name: Elwin Thrasher, III
Street Address (P.O. Box Number Is Not Acceptable): 408 North Gaasden Street
Suite, Apt #, etc
City: Tallahassee FL Zip Code: 32303

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) Filed Prior to This 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GAINESVILLE PARTNERS	509 W. UNIVERSITY AVE 1605 S. State St. Suite 112	CHAMPAIGN IL 61820	G95332900001

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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 effect 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 [signature] DATE 11/6/98

Typed or Printed Name of General Partner Signing Form: Eric S. Wolters Daytime Telephone Number: 217-356-8888

CR2E003 (8/98)