2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # B95000000425

1. Entity Name

ROYAL GAINESVILLE LIMITED PARTNERSHIP



FILED
May 01, 2006 08:00 A
Secretary of State

Principal Place of Business

710 SW DEPOT AVENUE #129 GAINESVILLE, FL 32601 Mailing Address

1605 S. STATE ST., SUITE 112 CHAMPAIGN, IL 61820



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01092006 No Chg-LP

CR2E003 (11/05)

4. FEi Number 37-1348470

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

THRASHER, ELWIN III 908 N. GADSDEN STREET TALL., FL 32303

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	ve named entity submits this statement for the purpose of changing its registe ations of registered agent.	ered office or registered agent, or both,	in the State of Florida. I am familia	ar with, and accept
SIGNATURE				· · · · · · · · · · · · · · · · · · ·
Diany/TOTIL	Signature, typed or printed name of registered agent and title if applicable	Les .	DATE	and the second
	FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00			
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY NOTE: General Partners MAY NOT be changed on the for	MUST BE REGISTERED AND AC m; an amendment must be filed	TIVE WITH THIS OFFICE. to change a general partner	
12.	GENERAL PARTNER INFORMATION			

12. GENERAL PARTNER INFORMATION		GENERAL PARTNER INFORMATION
	DOCUMENT / NAME, STREET ADDRESS	G01137900100 GAINESVILLE PARTNERS 1605 S. STATE ST. SUITE 112 CHAMPAIGN, IL 61820
-	DOCUMENT # NAME STREET ADDRESS GITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
	DOCUMENT # NAME STREET ADDRESS	

U00000554099 05/15/06-80079-009 500.00

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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:

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/06

217-356-8888

Daytime Phone #