

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000425

1. Entity Name  
ROYAL GAINESVILLE LIMITED PARTNERSHIP



FILED

03 MAR 17 AM 11:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1605 S. STATE STREET, SUITE 112  
CHAMPAIGN IL 61820

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

2. Principal Place of Business

3. Mailing Address

710 SW DEPOT AVE

Suite, Apt. #, etc.

# 129

Suite, Apt. #, etc.

City & State

GAINESVILLE, FL

City & State

Zip

32601

Country

US

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 37-1348470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

9. Capital Contributions  
as Shown on record.

\$1,937,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # G01137900100  
NAME GAINESVILLE PARTNERS  
STREET ADDRESS 1605 S. STATE ST. SUITE 112  
CITY-ST-ZIP CHAMPAIGN IL 61820

STREET ADDRESS

CITY-ST-ZIP

B000014248478  
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DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/03

Date

217-356-8888

Daytime Phone #