## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

DOCUMENT # B9700000040  1. Entity Name							Fi	LEO		
ROYAL ORLANDO LIMITED PARTNERSHIP							SECRETAR DIVISION OF	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address						00 APR 25 AM 3: 05				
1605 S. STATE. SUITE 112 1605 S. STATE. SUITE CHAMPAIGN IL 61820 CHAMPAIGN IL 61820-7								n		
		1						(116 - 116) (118) 118 (118) 118 (118) 118 (118)	1 <b>1 1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2. Principal Place of Business				3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.							DO NOT WRITE IN THIS SPACE			
City & State				City & State			4. FEI Number	37-1362537	Applied For Not Applicable	
Zip Country				Zip	Country		5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current I			Current Regis	Registered Agent			7. Name and A	Address of New Registered	Agent	
		<u> </u>				Name				
THRASHER, ELWIN III 908 N. GADSDEN STREET						Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32303										
						City FL Zip Code			Zíp Code	
8. The above	named entity	submits this sta	itement for the	purpose of changing its	register	ed office or regis	stered agent, or both	, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
9. Capital Contributions as Shown on record. \$1,600,000.00 10. Amount of Capital C in FLORIDA to date.						butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY						IUST BE REG	ISTERED AND AC	TIVE WITH THIS OFFIC	E.	
12. GENERAL PARTNER INFORMATION					13.	form; an amendment must be filed to change a general partner.  ADDRESS CHANGES ONLY				
DOCUMENT #	M97000000023					EET ADORESS				
NAME STREET ADDRESS City - St - ZIP	ROYAL PROPERTIES L.C. 1605 S. STATE, SUITE 112 CHAMPAIGN IL 61820					7-ST-ZIP				
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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										