

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000040

1. Entity Name
ROYAL ORLANDO LIMITED PARTNERSHIP



FILED

03 MAR 17 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



2. Principal Place of Business

3. Mailing Address

1389 NORTHGATE CR

Suite, Apt. #, etc.

*101

City & State

OUIEDO, FL

Zip

32765

Country US

SEMINOLE

Zip

32765

Country US

SEMINOLE

DUE BY MAY 1, 2003

4. FEI Number 37-1362537

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
TALLAHASSEE 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. \$1,600,000.00

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 # M97000000023
NAME ROYAL PROPERTIES L.C.
STREET ADDRESS 1605 S. STATE, SUITE 112
CITY-ST-ZIP CHAMPAIGN IL 61820

STREET ADDRESS

CITY-ST-ZIP

400014248414
03/17/03--01093--018 **526.25

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CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/03

217.356.8888

Date

Daytime Phone #

CR2E003 (10/02)