

B99000000313

Elwin T. [unclear]
Requestor's Name
908 North Gadsden St
Address
Tall, FL 32303 224-8685
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Royal Gainesville II L.P.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

500002969515-7
-08/25/99-01041-020
***1750.00 ***1750.00

500002969515-7
-08/31/99-01048-013
*****35.00 *****35.00

Call when Ready
224-8685
TRAY

Examiner's Initials

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. Royal Gainesville II L.P.
(Name of limited partnership as it is in the home state)

2. Royal Gainesville II L.P.
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida must contain the word "LIMITED" or "LTD.")

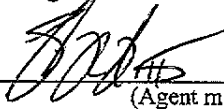
3. Illinois 4. May 11, 1999
(State of Formation) (Date of Formation)

5. Elwin Thrasher III
(Name of Registered Agent for Service of Process)

6. 908 N. Gadsden Street
(Street Address of Registered Office)

Tallahassee, Florida 32303
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:


(Agent must sign on this line)

8. Rodrick L. Schmidt

1605 S. State Street, Champaign, IL 61820
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

1) Michael J. Henneman 1605 S. State St., Champaign, IL 61820

2) David F. Keeling 1605 S. State St., Champaign, IL 61820

3) Rodrick L. Schmidt 1605 S. State St., Champaign, IL 61820

4) Eric S. Worner 1605 S. State St., Champaign, IL 61820

10. 1605 S. State Street, Champaign, IL 61820
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 25 PM 3:55

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared David F. Keeling
a general partner of Royal Gainesville II L.P., a(an) Illinois
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 365,000.00
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 365,000.00

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 11 day of August, 19 99.

David F. Keeling, G.P.
David F. Keeling General Partner

STATE OF Illinois

COUNTY OF Champaign

On this _____ day of August, 19 99,

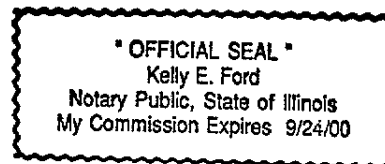
David F. Keeling, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

Kelly E. Ford
(Notary Public Signature)

Kelly E. Ford
(Notary's Printed Name)



Seal

My Commission Expires: 9-24-00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 25 PM 3:55

12. 1605 S. State Street

Champaign, IL 61820

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 11 day of August, 19 99

David F. Keeling, G.P.
David F. Keeling General Partner

STATE OF Illinois

COUNTY OF Champaign

On this _____ day of August, 19 99

David F. Keeling personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Kelly E. Ford

(Notary's Printed Name)

"OFFICIAL SEAL"
Kelly E. Ford
Notary Public, State of Illinois
My Commission Expires 9/24/00

Seal

My Commission Expires: 9-24-00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 AUG 25 PM 3:55