

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

B99000000313

1. Entity Name

ROYAL GAINESVILLE II L.P.

Principal Place of Business

Mailing Address

1605 SOUTH STATE STREET

1605 SOUTH STATE STREET

CHAMPAIGN IL 61820

CHAMPAIGN IL 61820-7231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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 NORTH 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.

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.

\$365,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

HENNEMAN, MICHAEL J

1605 SOUTH STATE STREET

CHAMPAIGN IL 61820

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

KEELING, DAVID F

1605 SOUTH STATE STREET

CHAMPAIGN IL 61820

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

SCHMIDT, RODRICK L

1605 SOUTH STATE STREET

CHAMPAIGN IL 61820

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

WORNER, ERIC S

1605 SOUTH STATE STREET

CHAMPAIGN IL 61820

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

EEIC S Worner

4/17/2000

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 25 AM 3: 05



DO NOT WRITE IN THIS SPACE

CF2E003 (9/99)