

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000313**

1. Entity Name
ROYAL GAINESVILLE II L.P.

Principal Place of Business
**1605 SOUTH STATE STREET
CHAMPAIGN IL 61820**

Mailing Address
**1605 SOUTH STATE STREET
CHAMPAIGN IL 61820**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

4. FEI Number

37-138549 **APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

MLH



FILED
01 MAY 15 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0018837 AB

**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 **HENNEMAN, MICHAEL J**
STREET ADDRESS **1605 SOUTH STATE STREET**
CITY-ST-ZIP **CHAMPAIGN IL 61820**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **KEELING, DAVID F**
STREET ADDRESS **1605 SOUTH STATE STREET**
CITY-ST-ZIP **CHAMPAIGN IL 61820**

STREET ADDRESS

CITY-ST-ZIP

300004423349-3
-06/15/01--01100--012
*****1052.50 ***528.25**

DOCUMENT #
NAME **SCHMIDT, RODRICK L**
STREET ADDRESS **1605 SOUTH STATE STREET**
CITY-ST-ZIP **CHAMPAIGN IL 61820**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **WORNER, ERIC S**
STREET ADDRESS **1605 SOUTH STATE STREET**
CITY-ST-ZIP **CHAMPAIGN IL 61820**

STREET ADDRESS

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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 REQUIRED WORNER

3/26/01

Date

Daytime Phone #

CR2E003 (11/00)