

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0020013 AB

DOCUMENT # **B99000000313**

1. Entity Name

ROYAL GAINESVILLE II L.P.

02 MAR 18 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

4. FEI Number

37-1385491

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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 #	HENNEMAN, MICHAEL J
NAME	1605 SOUTH STATE STREET
STREET ADDRESS	CHAMPAIGN IL 61820
CITY-ST-ZIP	
DOCUMENT #	KEELING, DAVID F
NAME	1605 SOUTH STATE STREET
STREET ADDRESS	CHAMPAIGN IL 61820
CITY-ST-ZIP	
DOCUMENT #	SCHMIDT, RODRICK L
NAME	1605 SOUTH STATE STREET
STREET ADDRESS	CHAMPAIGN IL 61820
CITY-ST-ZIP	
DOCUMENT #	WORNER, ERIC S
NAME	1605 SOUTH STATE STREET
STREET ADDRESS	CHAMPAIGN IL 61820
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	700005170137--6
STREET ADDRESS	-03/25/02-01074-002
CITY-ST-ZIP	***1052.50 ****526.25
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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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/28/02

217-356 8888

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE