

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 08, 2005 08:00 AM
Secretary of State

DOCUMENT # B99000000313

1. Entity Name
ROYAL GAINESVILLE II L.P.



Principal Place of Business
**710 SW DEPOT AVENUE #129
 GAINESVILLE, FL 32601**

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



2. Principal Place of Business
 Suite, Apt #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt #, etc.
 City & State
 Zip Country

02162005 Chg-LP CR2E003 (10/03)

4. FEI Number
37-1385491

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**THRASHER, ELWIN III
 908 NORTH GADSDEN STREET
 TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent
 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 _____ DATE _____

9. Capital Contributions as Shown on record. **\$365,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

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

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STAPLE CHECK HERE

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: *Eric S Worner G.P.* 2/16/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER