

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

May 01, 2006 08:00 A
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**



01092006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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

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

UD00000554096
05/15/06-80079-008 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/25/06

217-356-8888