

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009624

1. Entity Name
ROYAL TALLAHASSEE, LLC



Principal Place of Business
1605 SOUTH STATE STREET, SUITE 112
CHAMPAIGN, IL 61820

Mailing Address
1605 SOUTH STATE STREET, SUITE 112
CHAMPAIGN, IL 61820



02162005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3053904

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (MJG)
ORLANDO, FL 32801

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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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHMIDT, RODRICK L
STREET ADDRESS	1605 SOUTH STATE STREET, SUITE 112
CITY-ST-ZIP	CHAMPAIGN, IL 61820
TITLE	MGRM
NAME	HENNEMAN, MICHAEL J
STREET ADDRESS	1605 SOUTH STATE STREET, SUITE 112
CITY-ST-ZIP	CHAMPAIGN, IL 61820
TITLE	MGRM
NAME	KEELING, DAVID F
STREET ADDRESS	1605 SOUTH STATE STREET, SUITE 112
CITY-ST-ZIP	CHAMPAIGN, IL 61820
TITLE	MGRM
NAME	KEELING FAMILY IRREVOCABLE TRUST 12/31/92
STREET ADDRESS	1605 SOUTH STATE STREET, SUITE 112
CITY-ST-ZIP	CHAMPAIGN, IL 61820
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____

Daytime Phone # _____