

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 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**



01092006 No Chg-LLC

CR2E083 (11/05)

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**

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, 2006**

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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05/12/06-80080-022 50.00

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IN THIS SPACE**

11. 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 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

Overtime Phone #

4/25/06 217-356-8888