

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAR 13 PM 4:00

SECRETARY OF STATE  
FLORIDA

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M9700000023**  
  
ROYAL APARTMENTS L.C.  
509 WEST UNIVERSITY AVENUE  
CHAMPAIGN IL 61820

1a. Principal Place of Business Address  
  
509 WEST UNIVERSITY AVENUE  
CHAMPAIGN IL 61820

2. Principal Place of Business 1605 S. State St. Suite/Apt. #, etc. 112 City & State Champaign, IL Zip 61820 Country USA	2a. Mailing Address 1605 S. State St. Suite/Apt. #, etc. 112 City & State Champaign, IL Zip 61820 Country USA
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3. Date Organized or Qualified 01/23/1997	3a. State of Formation IL
4. FEI Number 37-1362143	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
  
CORPORATION SERVICE , COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office  
  
Name Ms. Beth Davis  
Street Address (P.O. Box Number is Not Acceptable) 309 NE 1st Street  
Suite, Apt. #, etc. 000002459880--7  
City Gainesville FL 32601  
Zip Code 32601  
\*\*\*188.75 \*\*\*188.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE Beth Davis DATE 3/6/98  
(Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WORNER, ERIC S	1605 S. State Street <del>509 WEST UNIVERSITY AVENUE</del>	CHAMPAIGN IL
MGRM	SCHMIDT, RODRICK L	505 DEVONSHIRE DRIVE	CHAMPAIGN IL
MGRM	HENNEMAN, MICHAEL J	1605 S. STATE STREET	CHAMPAIGN IL
MGRM	<del>HARRINGTON, THOMAS E J</del>	<del>201 W. SPRINGFIELD, 4TH FL</del>	<del>CHAMPAIGN IL</del>
MGRM	KEELING, DAVID F	505 DEVONSHIRE DRIVE	CHAMPAIGN IL

*OC 3/14*

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Eric S. Warner ERIC S. WARNER 2/26/98 217-356-8888  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #