

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
1999 MAR 24 AM 10:36

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.
1605 S. STATE STREET
CHAMPAIGN IL 61820

94-AR
CM

1a. Principal Place of Business Address
1605 S. STATE STREET
CHAMPAIGN IL 61820

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/23/1997	IL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		37-1362143	
				5. Date of Last Report	6. Certificate of Status Desired
				03/13/1998	\$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent
THRASHER, ELWIN III
908 N. GADSDEN STREET
TALL. FL 32303

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent's signature required when reconstituting)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	WORNER, ERIC S	1605 S. STATE STREET	CHAMPAIGN IL
MGRM	SCHMIDT, RODRICK L	505 DEVONSHIRE DRIVE	CHAMPAIGN IL
MGRM	HENNEMAN, MICHAEL J	1605 S. STATE STREET	CHAMPAIGN IL
MGRM	KEELING, DAVID F	505 DEVONSHIRE DRIVE	CHAMPAIGN IL

*****188.75 *****188.75

11. I do 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 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 Worner 2/24/99 217 356-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Day-Mo-Yr Phone #