ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS			SECRETARY OF STATE UNVISION OF CORPORATIONS			
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							, ,			
1. Name and Malling Address of Limited Liability Company DOCUMENT # M9700000023							1a. Principal Place of Business Address			
ROYAL APARTMENTS L.C. 1605 S. STATE STREET CHAMPAIGN IL 61820				99-AR			1605 S. STATE STREET CHAMPAIGN IL 61820			
2 Principal Place of Business 2a. Mailu				ng Address			Date Organized or Qualified   3a. State of Formation			of Formation
Suite, Apt. #, etc.			Suite An	Suite, Apt. #, etc.			01/23/1997 IL			
			Suite, Apr. #, etc.				4. FEI Number Applied For			
City & State			City & State				37-1362143 Not App		Not Applicable	
Žip		Country	Z <sub>i</sub> p	Count		ry	5. Date of Last I	,	j	ate of Status Desired
		and Address of Current			<u> </u>		03/13/1	·		ional Fee Required
its register as register	ed office or reg	sions of Sections 608.416 a istered agent, or both, in the accept the obligations.	State of Fior	rida Such chang	pe was a	uthorized by affirma	alive vote of a majori			
(Registered Agent Accepting Appeints  10. Title Managing Members/Managers				timent) (NOTE Begistered Agrict signature required when reinstation  Business Street Address			City, State and Zip Code			rip Code
MGRM MGRM MGRM MGRM	HENNEMAN, MICHAEL J			1605 S. STATE STRE 505 DEVONSHIRE DRI 1605 S. STATE STRE 505 DEVONSHIRE DRI			I <b>VE</b> EET	CHAMPAIGN IL CHAMPAIGN IL CHAMPAIGN IL CHAMPAIGN IL		
11. I do her				M. V.		Fit	-03/1 ****	1/99 188,75	「かず 1月。 15 01 1083 01 7 *****1 88 . 75	
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 it 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:  SIGNATURE AND TYPED OIL PROJECTION AND COLOR MANAGEMENT MEMBERS OF SIGNATURE AND TYPED OIL PROJECTION AND AND AND AND AND AND AND AND AND AN										

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