

2001 UNIFORM BUSINESS REPORT (UBR)

003: 38 AB

DOCUMENT # M97000000023

1. Entity Name
ROYAL APARTMENTS L.C.

Principal Place of Business Mailing Address
1605 S. STATE STREET **1605 S. STATE STREET**
CHAMPAIGN IL 61820 **CHAMPAIGN IL 61820**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State


Zip Country Zip Country

rf

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **37-1362143** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

THRASHER, ELWIN III Name
908 N. GADSDEN STREET Street Address (P.O. Box Number is Not Acceptable)
TALLAHASSEE FL 32303 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS/MEMBERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WORNER, ERIC S <input type="checkbox"/> Delete 1605 S. STATE STREET CHAMPAIGN IL 61820 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | \$50.00 Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SCHMIDT, RODRICK L <input type="checkbox"/> Delete 505 DEVONSHIRE DRIVE CHAMPAIGN IL 61820 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1605 S. State St. Suite #112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HENNEMAN, MICHAEL J <input type="checkbox"/> Delete 1605 S. STATE STREET CHAMPAIGN IL 61820 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 200004008902--9 -04/13/01--01098--002 *****576.25 *****50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KEELING, DAVID F <input type="checkbox"/> Delete 505 DEVONSHIRE DRIVE CHAMPAIGN IL 61820 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1605 S. State St, Suite #112 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I 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 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: *Eric S Worner* **ERIC S WORNER** **3/26/01** Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)