

# 2001 UNIFORM BUSINESS REPORT (UBR)

003: 38 AB

**DOCUMENT # M97000000023**  
 1. Entity Name  
**ROYAL APARTMENTS L.C.**

**FILED**

01 APR -9 AM 11:10

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

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**

**THRASHER, ELWIN III**  
**908 N. GADSDEN STREET**  
**TALLAHASSEE FL 32303**

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

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MEMBERS**

TITLE NAME	<b>MGRM WORNER, ERIC S</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>1605 S. STATE STREET</b>
CITY-ST-ZIP	<b>CHAMPAIGN IL 61820</b>
TITLE NAME	<b>MGRM SCHMIDT, RODRICK L</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>505 DEVONSHIRE DRIVE</b>
CITY-ST-ZIP	<b>CHAMPAIGN IL 61820</b>
TITLE NAME	<b>MGRM HENNEMAN, MICHAEL J</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>1605 S. STATE STREET</b>
CITY-ST-ZIP	<b>CHAMPAIGN IL 61820</b>
TITLE NAME	<b>MGRM KEELING, DAVID F</b> <input type="checkbox"/> Delete
STREET ADDRESS	<b>505 DEVONSHIRE DRIVE</b>
CITY-ST-ZIP	<b>CHAMPAIGN IL 61820</b>
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Delete
STREET ADDRESS	_____
CITY-ST-ZIP	_____

**10. ADDITIONS/CHANGES**

TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>\$50.00</b>
CITY-ST-ZIP	_____
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1605 S. State St. Suite #112</b>
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>200004008902--9</b>
CITY-ST-ZIP	<b>-04/13/01--01098--002</b>
	<b>****576.25 *****50.00</b>
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1605 S. State St, Suite #112</b>
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE NAME	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	_____
CITY-ST-ZIP	_____

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)