## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9700000023

1. Entity Name

## **FILED** May 22, 2002 8:00 am Secretary of State

05-22-2002 90224 021 \*\*\*\*50.00

ROYAL APARTMENTS L.C. Principal Place of Business Mailing Address 000774 1606 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. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 37-1362143 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent THRASHER, ELWIN III The state of the s 908 N. GADSDEN STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32303 Cltv Zip Code FI 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 . Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Celeba TITLE ☐ Change Addition 9/04 WORNER, ERIC S NAME NAME STREET ADDRESS 1605 S. STATE STREET STREET ADDRESS CRZEGGG CITY-ST-ZIP **CHAMPAIGN IL 61820** CITY-ST-ZIP MGRM TITLE Ociete TITLE ☐ Chanoe Addition NAME SCHMIDT, RODRICK L 1605 S. STATE STREET, STE. 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHAMPAIGN IL 61820 C3TY- 91-71P MGRM TITL F ☐ Delete TITLE Change ■ Addition NAME HENNEMAN, MICHAEL J -NAME \_ STREET ADDRESS 1605 S. STATE STREET STREET ADDRESS CITY-ST-7P CHAMPAIGN IL 61820 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition KEELING, DAVID F NAME NAME 1605 S. STATE STREET, STE. 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CHAMPAIGN IL 61820** CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7/P 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:

e required SIGNATURE AND TYPED OR PRINTED NAME OF SIGN G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/24/02

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Principal Place of Business 1605 S. STATE STREET CHAMPAIGN IL 61820  2. Principal Place of Business Suite, Apt. #, etc.		Mailing Address 1605 S. STATE STREET CHAMPAIGN IL 61820  3. Mailing Address  Suite, Apt. #, etc.			94	67	14
					DO NOT WRITE IN THIS SPACE		
					DO NOT WRITE IN TH	IS SPACE	
City & Sta	ite	City & State		4. FEI Number	37-1362143	<del></del>	pplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$5.00 Ad	ditional
	6. Name and Address of Curren	nt Registered Agent		7. Name and Ad	dress of New Registere	Fee Require	<del>)d</del>
TU	DAGUED ELVARIUM	<u> </u>	Name -	· ·			
	Rasher, Elwin III 8 N. Gadsden Street		Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
TAI	LLAHASSEE FL 32303						
			City		F	Zip Cod	e
. The above	e named entity submits this statement t	for the purpose of changing its	s registered office or regi	istered agent or both in	<del>-</del>		-
IGNATURE .	Signature, typed or printed name of registered agen	nt and title if applicable. (NO	TE: Registered Agent signature req	juired when reinstating)	DATE		<del></del>
SIGNATURE		FILE N Make Check P 	OW!!! FEE IS \$50.0 ayable to Departmen e By May 1, 2002	00 40 20			
BIGNATURE	Signature, typed or printed name of registered agen	FILE N Make Check P Du ERS/MANAGERS	OW!!! FEE IS \$50.0 ayable to Departmen e By May 1, 2002	00 40 20	DATE ADDITIONS/CHANGE	ES	
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