


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



01092004No Chg-LLC CR2E083 (10/03)

4. FEI Number 37-1362143	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WORNER, ERIC S 1605 S. STATE STREET CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHMIDT, RODRICK L 1605 S. STATE STREET, STE. 112 CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENNEMAN, MICHAEL J 1605 S. STATE STREET CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEELING, DAVID F 1605 S. STATE STREET, STE. 112 CHAMPAIGN, IL 61820
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000000276
 02/23/04-80033-005 50.00

DO NOT WRITE IN THIS SPACE

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 MGRM ERIC S. WORNER 1/9/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

217-356-8888