


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M9700000023  
 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
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**DO NOT WRITE IN THIS SPACE**

02162005No 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
 Due by May 1, 2005**

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	
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U00000251488  
 03/04/05-80054-007 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 2/16/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #