## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000023

1. Entity Name

ROYAL ORLANDO NORTHGATE LLC

Principal Place of Business

1605 S. STATE STREET CHAMPAIGN, IL 61820 Mailing Address

1605 S. STATE STREET CHAMPAIGN, IL 61820 FILED
May 01, 2006 08:00 AM
Secretary of State



01092006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 37-1362143 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Regulard

6. Name and Address of Current Registered Agent

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

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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	=		
- B	Signature, typed or printed neme of registered agent and titls it applicable.	[NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			
8.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	1	)
NAME	WORNER, ERIC S	•	

STREET ADDRESS 1605 S. STATE STREET CITY-ST-ZIP CHAMPAIGN, IL 51820 MGRM TITLE SCHMIDT, RODRICK L NAME STREET ADDRESS 1605 S. STATE STREET, STE. 112 CITY-ST-ZIP CHAMPAIGN, IL 61820 MGRM 77712 NAME HENNEMAN, MICHAEL J STREET ADDRESS 1805 S. STATE STREET CITY-ST-ZIP CHAMPAIGN, IL 61820 TITLE KEELING, DAVID F NAME 1605 S. STATE STREET, STE. 112 STREET ADDRESS CITY-ST-73P CHAMPAIGN, IL 61820 TITLE NAME STREET ADERESS CITY-ST-ZIP ππ.ε NAME

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 calls, 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:

STREET ADDRESS CITY-ST-21P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/06

217-356-8888

Daytima Phone #