

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90002 046 ****50.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **37-1362143**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

UBR **FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WORNER, ERIC S	
STREET ADDRESS	1605 S. STATE STREET	
CITY-ST-ZIP	CHAMPAIGN IL 61820	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SCHMIDT, RODRICK L	
STREET ADDRESS	1605 S. STATE STREET, STE. 112	
CITY-ST-ZIP	CHAMPAIGN IL 61820	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HENNEMAN, MICHAEL J	
STREET ADDRESS	1605 S. STATE STREET	
CITY-ST-ZIP	CHAMPAIGN IL 61820	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KEELING, DAVID F	
STREET ADDRESS	1605 S. STATE STREET, STE. 112	
CITY-ST-ZIP	CHAMPAIGN IL 61820	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: SIGNATURE REQUIRED **2/13/03 217-356-8888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)