

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 11 AM 8:11

1. Name of Limited Partnership DB-RAM ASSOCIATES, LTD.		1a. DOCUMENT # A95000000216	
Mailing Address 1280 DOLPHIN BAY-WAY UNIT 201 SARASOTA FL 34242		Principal Office Address 1280 DOLPHIN BAY-WAY UNIT 201 SARASOTA FL 34242	
2. Mailing Address P.O. Box 1286 Suite, Apt. #, etc.		2a. Principal Office Address 280 Hidden Bay Dr. Suite, Apt. #, etc.	
City & State Osprey, FL		City & State Osprey, FL	
Zip 34229 Country Sarasota		Zip 34229 Country Sarasota	
3. Date Formed or Registered 02/10/1995		5a. Capital Contributions as Shown on record. \$1,584.00	
3a. Date of Last Report 03/16/1998		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0564916 ☐ Applied For ☐ Not Applicable	
7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent OLSON, PAUL E 1776 RINGLING BLVD. SARASOTA FL 34236		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) DB-RAM ASSOCIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) TWO NORTH TAMiami TRa 280 Hidden Bay Dr.	11b. City, State & Zip Code SARASOTA-FL 34236 Sarasota, FL 34229	11c. Registration/ Document Number P95000004519
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

Robert A. Morris

12-3-98
441-918-1173

CR2E003 (8/98)