2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000216

1. Entity Name

DB-RAM ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 PM 12:06

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
280 HIDDEN BAY DR. OSPREY FL 34229	P.O. BOX 1286 OSPREY FL 34229-1286

2. Principal Place of Business: 210 Hidden Bay Drive	3. Mailing Address: P.O. Box 5722
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Osprey, FL	City & State: Sarasota, FL
Zip: 34229 Country: US	Zip: 34277-5722 Country: US

4. FEI Number 65-0564916 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OLSON, PAUL E 1776 RINGLING BLVD. SARASOTA FL 34236	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.

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

9. Capital Contributions as Shown on record. $1,584.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000004519	STREET ADDRESS	210 Hidden Bay Drive
NAME	DB-RAM ASSOCIATES, INC.		
STREET ADDRESS	280 HIDDEN BAY DR.	CITY-ST-ZIP	Osprey, FL 34229
CITY-ST-ZIP	OSPREY FL 34229		
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	700003268987--2
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		CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Robert A Morris 4/26/00 (941)923-9404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER President, DB-RAM Associates, Inc Date Daytime Phone #

CR2E003 (9/99)