2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001734 AT

DOCUMENT # A95000000216

1. Entity Name
DB-RAM ASSOCIATES, LTD.

FILED
03 APR 15 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
741 S. ORANGE AVE. SARASOTA FL 34236	P.O. BOX 3377 SARASOTA FL 34230-9998

2. Principal Place of Business	3. Mailing Address
1840 PHILLIPPI SHORES DR.	P.O. Box 20708
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA, FL.	City & State: SARASOTA, FL
Zip: 34231 Country: USA	Zip: 34276 Country: USA

DUE BY MAY 1, 2003

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
SEIDER, WILLIAM M 200 S. ORANGE AVE. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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

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	1840 PHILLIPPI SHORES DR.
NAME	DB-RAM ASSOCIATES, INC.	CITY-ST-ZIP	SARASOTA, FL. 34231
STREET ADDRESS	741 S. ORANGE AVE.		
CITY-ST-ZIP	SARASOTA FL 34236		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

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, JR. 4/10/03 941-365-2545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #