POSTULENT " AOZOOOOOE16 FILED							
DOCUMENT # A9700000516					,		•
1. Entity Name OCRAM INVESTMENTS, LTD.					D2 FEB 14	PM 2: 48	
					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	TALLAHASS	EE. FLORIDA	•
700 JOHN RINGLING BLVD #T1810 700 JOHN RINGLING BLVI SARASOTA FL 34236 SARASOTA FL 34236			BLVD #T18	110			
JANAGOTA F		SARASOTA FL 34230			11881831	4 010 4010 1000 000 000 000 000 000 00	
Principal Place of Business 3. Mailing Address					_		
				at his			
Suite, Apt. #, etc. Suite, Apt. #, etc.					0.00	DUE BY MAY 1, 20	02
City & Stat	City & State	ty & State		4. FEI Numbe	65-0734791	Applied For Not Applicable	
Zip	Country	Zip Count		ntry			\$8.75 Additional
	6. Name and Address of Current I	l Registered Agent			7. Name and	Address of New Registered	
DADARU BORGOT W				Name			
DARNELL, ROBERT W 2033 MAIN STREET, SUITE 406				Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34237							
				City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code
B. 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							
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions on record. 11. MAKE CHECK PAYABLE TO DEPT OF STATE in FLORIDA to date.							
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		13.	i, an amenume	int must be me	ADDRESS CHANGES ON	
DOCUMENT #	LUEGUE MARGO			EET ADDRESS			
NAME STREET ADDRESS	HECHT, MARCO 700 JOHN RINGLING BLVD T1810						
CITY-ST-ZIP	SARASOTA FL 34236	CIT		-ST-ZIP			
COCUMENT #	HECHT, LYDIA	•	STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	700 JOHN RINGLING BLVD T1810 SARASOTA FL 34236			-ST-ZIP	<u> </u>		
DOCUMENT #	_0ANA001A,FL,09200			EET ADDRESS			
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NAME	,		STRE	EET ADDRESS			
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NAME 🥙	•		SINE	LI AUDICOS			
STREET ADDRESS CITY-ST-ZIP	CITY			-ST-ZIP	- 2 - 1		
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							

STAPLE CHECK HERE