

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000002087

1. Entity Name

BOCA-RAM ASSOCIATES, LTD.

FILED

01 MAR 26 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1430 KENNILWORTH ST. SARASOTA, FL 34231		Mailing Address 1430 KENNILWORTH ST. SARASOTA, FL 34231	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 5722 Suite, Apt. #, etc.	
City & State		City & State SARASOTA, FL	
Zip	Country	Zip	Country
34277	USA	34277	USA
4. FEI Number 65-1077130		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDER, WILLIAM M. 200 SOUTH ORANGE AVE. SARASOTA, FL 34236		7. Name and Address of New Registered Agent 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 <u>Robert A. Morris, Jr.</u> DATE <u>March 5, 2001</u> <small>Signature: Typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
9. Capital Contributions as Shown on record. 5,000.00		10. Amount of Capital Contributions in FLORIDA to date. 1,000.00	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000117799 BV-RAM, INC. 1430 KENILWORTH ST. SARASOTA, FL 34231	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	600003931786-6 03/30/01-01079-001 ****150.00 ****150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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 <u>Robert A. Morris, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		ROBERT A. MORRIS, JR., PRES March 5, 2001 941-923-9404 <small>Date Daytime Phone</small>	

CR2E003 (11/00)