


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # A00000002087</b> 1. Entity Name <b>BOCA-RAM ASSOCIATES, LTD.</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 JUN -2 AM 8:30

Principal Place of Business <b>1921 MONTE CARLO DRIVE</b> <b>SARASOTA, FL 34231</b>	Mailing Address <b>PO BOX 20708</b> <b>SARASOTA, FL 34276</b>
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2. Principal Place of Business - No P.O. Box # <b>1921 Monte Carlo Drive</b>		3. Mailing Address	
Suite, Apt. #, etc. <b>Unit 703</b>		Suite, Apt. #, etc.	
City & State <b>Sarasota, Florida</b>		City & State	
Zip <b>34231</b>	Country <b>USA</b>	Zip	Country

04182008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-1077130</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>SEIDER, WILLIAM M</b> <b>200 SOUTH ORANGE AVENUE</b> <b>SARASOTA, FL 34236</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**800130451198**  
**05/30/08--01007--005 \*\*500.00**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	P00000117799 BV-RAM, INC. 1921 MONTE CARLO DRIVE SARASOTA, FL 34231	STREET ADDRESS	
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**BLT**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **ROBERT A. MORRIS, JR** **04/21/2008** **941-923-6353**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE