

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A00000002087**

1. Entity Name  
**BOCA-RAM ASSOCIATES, LTD.**



**FILED**

03 APR 15 PH 3:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**741 S. ORANGE AVE  
SARASOTA FL 34236**

Mailing Address  
**P.O. BOX 3377  
SARASOTA FL 34230-9998**

2. Principal Place of Business  
**1840 PHILLIPPI SHORES DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**PO BOX 20708**  
Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State  
**SARASOTA, FL.**

City & State  
**SARASOTA, FL.**

4. FEI Number **65-1077130**

Applied For  
Not Applicable

Zip  
**34231**  
Country  
**USA**

Zip  
**34274**  
Country  
**USA**

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 SOUTH ORANGE AVENUE  
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$5,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **P00000117799**  
NAME **BV-RAM, INC.**  
STREET ADDRESS **741 S. ORANGE AVE**  
CITY-ST-ZIP **SARASOTA FL 34236**

STREET ADDRESS **1840 PHILLIPPI SHORES DR.**  
CITY-ST-ZIP **SARASOTA, FL. 34231**

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STREET ADDRESS  
CITY-ST-ZIP **200016062332  
04/15/03--01027--005 \*\*141.25**

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**ROBERT A. MORRIS JR** 4/10/03 941-365-2545  
Date Daytime Phone #

CR2E003 (10/02)