



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT #A95000000216 1. Entity Name DB-RAM ASSOCIATES, LTD.	
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FILED
 07 JUN -1 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231	Mailing Address P.O. BOX 20708 SARASOTA, FL 34276
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2. Principal Place of Business - No P.O. Box # 1921 Monte Carlo Drive	3. Mailing Address Suite, Apt. #, etc. Unit 703	
City & State Sarasota, Florida	City & State 	
Zip 34231 Country USA	Zip Country	



04112007	Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0564916	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent SEIDER, WILLIAM M 200 S. ORANGE AVE. SARASOTA, FL 34236	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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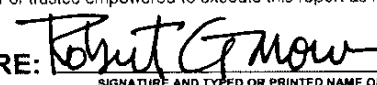
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00
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 P95000004519 DB-RAM ASSOCIATES, INC. 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231	STREET ADDRESS CITY-ST-ZIP 1921 MONTE CARLO DRIVE, UNIT 703 SARASOTA, FLORIDA 34231
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 200104219702 06/11/07--01035--012 **500.00 </div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> PA </div>

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ROBERT A. MORRIS, JR. 04/27/07 941-923-6353
Date Daytime Phone #

STAPLE CHECK HERE