

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000002512		
1. Entity Name RAMAR, LTD.		

Principal Place of Business 26212 MADRAS COURT PUNTA GORDA, FL 33983	Mailing Address % WILLIAM M. SEIDER 200 S. ORANGE AVENUE SARASOTA, FL 34236
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04162004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3445033	Applied For ☐ Not Applicable
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5. Certificate of Stat is Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SEIDER, WILLIAM M 200 SOUTH ORANGE AVENUE 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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$6,360,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	P96000104274	STREET ADDRESS	
NAME	RAM/PJP, INC.	CITY - ST - ZIP	
STREET ADDRESS	26212 MADRAS COURT		
CITY - ST - ZIP	CHARLOTTE HARBOR, FL 33983		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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05/10/04-80022-024 526.25

14. I hereby certify that the information supplied with this filing does not indicate 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 C. Mow</u>	4/28/04	(941) 923-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE