

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A96000002512</b> 1. Entity Name <b>RAMAR, LTD.</b>						JUNE -1 AM 5:41 SECRETARY OF STATE TALLAHASSEE FLORIDA	
Principal Place of Business <b>26212 MADRAS COURT PUNTA GORDA, FL 33983</b>				Mailing Address <b>% WILLIAM M. SEIDER 200 S. ORANGE AVENUE SARASOTA, FL 34236</b>			
2. Principal Place of Business		3. Mailing Address <b>c/o Philip J. Palmer</b>		02162006    Chg-LP    CR2E003 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>25365 Rampart Boulevard</b>		4. FEI Number <b>59-3445033</b>			
City & State		City & State <b>Punta Gorda, FL</b>		Applied For Not Applicable			
Zip		Country		Zip <b>33983</b>		Country	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent  <b>SEIDER, WILLIAM M 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236</b>				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;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT # <b>P96000104274</b> NAME <b>RAM/PJP, INC.</b> STREET ADDRESS <b>26212 MADRAS COURT</b> CITY-ST-ZIP <b>CHARLOTTE HARBOR, FL 33983</b>				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			
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 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.							
<b>SIGNATURE:</b> <b>Philip Palmer</b> Date <b>4/21/06</b> Daytime Phone # <b>941-764-4055</b>							

STAPLE CHECK HERE