

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A96000002512

1. Entity Name
RAMAR, LTD.



Principal Place of Business
 26212 MADRAS COURT
 PUNTA GORDA, FL 33983

Mailing Address
 C/O PHILIP J. PALMER
 25365 RAMPART BOULEVARD
 PUNTA GORDA, FL 33983

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PUNTA GORDA FL

Zip

Country

Zip

33983

Country

USA

01172007

Chg-LP

CR2E003 (12/06)

4. FEI Number

59-3445033

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

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

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

DATE

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

DOCUMENT # **P96000104274**
 NAME **RAM/PJP, INC.**
 STREET ADDRESS **26212 MADRAS COURT**
 CITY-ST-ZIP **CHARLOTTE HARBOR, FL 33983**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

400102539754
05/15/07--01049--022 **\$500.00

DOCUMENT #
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 CITY-ST-ZIP

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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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/07

Date

941-964-4055

Daytime Phone #

FILED

2007 APR 30 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE