

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:51

DOCUMENT # A99000001374 1. Entity Name RAM CAPITAL, LIMITED PARTNERSHIP	
--	---

Principal Place of Business 599 JOHN ANDERSON DR ORMOND BEACH, FL 32176	Mailing Address P.O. BOX 9063 DAYTONA BEACH, FL 32120
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 10900 96th St North
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Largo FL
Zip	Zip 33773
Country	Country



04042008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3594577	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114	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 title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	
STREET ADDRESS	MERRELL, ROBERT A., JR., TRUSTEE	CITY-ST-ZIP	700123342127
CITY-ST-ZIP	599 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176		04/17/08--01057--014 **500.00
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	WHITE, DIANE M	CITY-ST-ZIP	
CITY-ST-ZIP	1066 SHIPWATCH DR., E. JACKSONVILLE, FL 32225		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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:  **4/13/08 (386) 299-3077**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE