


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

**FILED**  
**04 JUL 23 AM 11:08** **MJH**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

<b>DOCUMENT # B03000000243</b> 1. Entity Name 1717 US HIGHWAY 98 E., L.P.					
Principal Place of Business 1503 MURRAY AVENUE EL CAJEN, CA 92020			Mailing Address 1503 MURRAY AVENUE EL CAJEN, CA 92020		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 75-3120703	
5. Certificate of Status Desired <input type="checkbox"/>				07192004 Chg-LP CR2E003 (10/03) <b>7/23</b>	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$10,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F03000003311 RAM INVESTMENTS, INC. 1503 MURRAY AVENUE EL CAJEN, CA 92020		STREET ADDRESS CITY-ST-ZIP	600039948726 08/06/04--01035--021 **150.00	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <b>7/19/04</b> Daytime Phone # <b>619-231-1920</b>		

STAPLE CHECK HERE