

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


FILED

04 JUL 23 AM 11:08 **MJH**

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # B03000000243

1. Entity Name
1717 US HIGHWAY 98 E., L.P.



Principal Place of Business Mailing Address
1503 MURRAY AVENUE 1503 MURRAY AVENUE
EL CAJEN, CA 92020 EL CAJEN, CA 92020

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

07192004 Chg-LP CR2E003 (10/03) **7/23**

4. FEI Number Applied For
75-3120703 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

9. Capital Contributions as Shown on record. \$10,000.00

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.

**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 # F03000003311
NAME RAM INVESTMENTS, INC.
STREET ADDRESS 1503 MURRAY AVENUE
CITY-ST-ZIP EL CAJEN, CA 92020

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/19/04 619-231-1922
Date Daytime Phone #

STAPLE CHECK HERE

600039948726
08/06/04--01035--021 **150.00