

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B03000000243

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 AM 10:06

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
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3. Mailing Address
1501 F.P. Ave



10062005 REIN-LP CR2E100 (6/04)

Suite, Apt. #, etc.
Suite 400

Suite, Apt. #, etc.

4. FEI Number
75-3120703

Applied For
Not Applicable

City & State
San Diego CA

City & State

Zip
92101-1292

Country
USA

Zip

Country

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

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

10/10/05
DATE

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

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

REINSTATEMENT 2005

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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

12/10/05 617-277-6541
Date Daytime Phone #