

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 13 AM 10:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



02152007 Chg-LP CR2E003 (12/06)

DOCUMENT # B03000000243	
1. Entity Name 1717 US HIGHWAY 98 E., L.P.	



Principal Place of Business 1503 MURRAY AVENUE EL CAJON, CA 92020	Mailing Address 1503 MURRAY AVENUE EL CAJON, CA 92020
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2. Principal Place of Business - No P.O. Box # 6021 Poppy Street	3. Mailing Address 6021 Poppy Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State La Mesa CA	City & State La Mesa CA
Zip 91942	Zip 91942
Country USA	Country USA

4. FEI Number 75-3120703	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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, 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 #	F03000003311
NAME	RAM INVESTMENTS, INC.
STREET ADDRESS	1503 MURRAY AVENUE
CITY-ST-ZIP	EL CAJON, CA 92020 - La Mesa CA 91942
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

400094623554
03/23/07--01052--012 **500.00

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

Date

Daytime Phone #

2/15/07 602-741-9851

STAPLE CHECK HERE