

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED


2007 MAR 13 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 Suite, Apt. #, etc.	3. Mailing Address 6021 Poppy Street Suite, Apt. #, etc.
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City & State La Mesa CA 91942	City & State La Mesa CA
Zip 91942	Country USA

02152007 Chg-LP CR2E003 (12/06)

4. FEI Number 75-3120703	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

**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 _____
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 6021 Poppy Street
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	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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

STAPLE CHECK HERE

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: _____ **2/15/07** **69741-9851**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #