

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017822 AF

**DOCUMENT # A95000001223**

1. Entity Name  
**RIJAC-2 LIMITED PARTNERSHIP**

**FILED**  
**Apr 03, 2001 8:00 A.M.**  
**Secretary of State**

Principal Place of Business  
**4040 PALM AIRE DR. WEST, #105  
POMPANO BEACH FL 33069**

Mailing Address  
**8908 IRON GATE COURT  
C/O STEPHEN FRIEDLANDER  
POTOMAC MD 20854**

2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-2200934</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>JACK DIENER 4040 PALM AIRE DR. WEST, #105 POMPANO BEACH FL 33069</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$151,250.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>19,835</b>	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>L95000000613 JACFRI L.C. 4040 PALM AIRE DR. WEST, #105 POMPANO BEACH FL 33069</b>	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>0000003993830--3 -04/12/01--01034--009 ****227.60 ****227.60</b>
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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

**JACFRI, L.C.**  
By:   
**SIGNATURE: \_\_\_\_\_**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3/28/01** Daytime Phone # **202-872-0800**

CR2E003 (11/00)