

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A95000001223**

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



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**

**FILED**  
**2004 APR 22 PM 3:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



03232004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**58-2200934**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**JACK DIENER  
4040 PALM AIRE DR. WEST, #105  
POMPANO BEACH, FL 33069**

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.

DATE

9. Capital Contributions  
as Shown on record. **\$151,250.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **19,985**

**228.65**

**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  
**L9500000613  
JACFRI L.C.  
4040 PALM AIRE DR. WEST, #105  
POMPANO BEACH, FL 33069**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

**400035829764**  
**05/10/04--01096--031 \*\*228.65**

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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

Date

Daytime Phone #

STAPLE CHECK HERE