

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -5 PM 3:30

1. Name of Limited Partnership RLLAC LIMITED PARTNERSHIP		1a. DOCUMENT # A95000001225	
Mailing Address c/o Edward S. Alexander, CPA 200-A Monroe St. # 102 Rockville, Md. 20850		Principal Office Address 1565 S Ocean La. Apt 177 Ft. Lauderdale, Fla 33316	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date of last filing 08/14/95		5a. Capital Contributions 673,850.00	
3a. Date of this filing 04/07/98		5b. Amount of Capital Contributions in FLORIDA to date 50,072	
4. State or Country of Formation Florida		6. FEEL Number 58-2200936	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Mar. Ches. payable to Dept. of State (for review only for annual statement) 439.25	

9. Name and Address of Current Registered Agent JACFRI, L.C. 1565 S Ocean Lane, Apt 177 Ft. Lauderdale, Fla 33316		10. If changed, New Registered Agent Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Miami	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above named limited partnership consents for registration under the laws of the State of Florida. I submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Therefore, I, as the registered agent, am familiar with, and accept the obligations of section 620.192 Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) JACFRI, L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1565 S Ocean La Apt 177	11b. City, State & Zip Codes Ft. Lauderdale, Fla	11c. Registered Document ID Number L95000000613
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*Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information included on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Jack Alexander* DATE **3/29/99**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (1-2/98)