

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 APR -8 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200005234512-9
04/10/02-01019-007
****526.25 ****526.25

DO NOT WRITE IN THIS SPACE

DOE BY MAY 1

DOCUMENT # A95000001225
1. Entity Name
RIJAC LIMITED PARTNERSHIP



2. Principal Place of Business 4040 Palm Aire Dr., W Suite, Apt. #, etc. #105		3. Mailing Address 8908 Iron Gate Ct. Suite, Apt. #, etc. c/o Stephen Friedlander	
City & State Pompano, FL		City & State Potomac, MD	
Zip 33069	Country USA	Zip 20854	Country USA

4. FEI Number 58-2200936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	



7. Name and Address of Current Registered Agent

Name
Jack Diener

Street Address (P.O. Box Number is Not Acceptable)
4040 Palm Aire Dr., West, #105

City
Pompano, FL

Zip Code
33069

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. 673,850.00	10. Amount of Capital Contributions in FLORIDA to date. 69,511	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	JACFRI, L.C. 4040 Palmaire Dr., #105 Pompano Beach, FL 33069	STREET ADDRESS CITY-ST-ZIP
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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

SIGNATURE: *Stephen H. Friedlander* 3/28/02 262 872-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STEPHEN H. FRIEDLANDER, Member

STAPLE CHECK HERE

CR2E003B (12/01)