


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000001225

1. Entity Name
RIJAC LIMITED PARTNERSHIP



Principal Place of Business Mailing Address

4040 PALM AIRE DRIVE WEST **8908 IRON GATE COURT**
#105 **C/O STEPHEN FRIEDLANDER**
POMPAÑO, FL 33069 **POTOMAC, MD 20854**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03232004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For

58-2200936 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 DRIVE WEST #105 POMPAÑO, 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 _____ 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. **77,476** **526.25**

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 #	L95000000613	STREET ADDRESS	
NAME	JACFRI L.C.	CITY-ST-ZIP	
STREET ADDRESS	4040 PALM AIRE DRIVE #105		
CITY-ST-ZIP	POMPAÑO BEACH, FL 33069		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 04/29/04-20153-003 526.25

STAPLE CHECK HERE

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: _____ **4/22/04** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #