
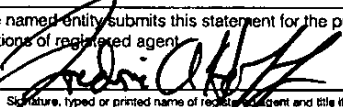



**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 JUL -8 AM 10:39

<b>DOCUMENT # A95000001225</b> 1. Entity Name RIJAC LIMITED PARTNERSHIP			
Principal Place of Business 4040 PALM AIRE DRIVE WEST #105 POMPANO, FL 33069		Mailing Address 8908 IRON GATE COURT C/O STEPHEN FRIEDLANDER POTOMAC, MD 20854	
2. Principal Place of Business 9400 S. Dadeland Blvd.		3. Mailing Address	
Suite, Apt. #, etc. 600		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33156		Country USA	
4. FEI Number 58-2200936		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  JACK DIENER 4040 PALM AIRE DRIVE WEST #105 POMPANO, FL 33069		7. Name and Address of New Registered Agent Name Fredric A. Hoffman, Esquire Street Address (P.O. Box Number is Not Acceptable) 9400 S. Dadeland Blvd., #600 City Miami FL Zip Code 33156	
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:  Fredric A. Hoffman DATE: 7-6-05			
9. Capital Contributions as Shown on record. \$673,850.00		10. Amount of Capital Contributions in FLORIDA to date. 81,366	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 569.56			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
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	POMPANO BEACH, FL 33069		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200057643352
NAME		CITY-ST-ZIP	07/19/05--01006--005 **569.56
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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: 		Date: 6/25/05 Daytime Phone #: 202872-0800	

STAPLE CHECK HERE