
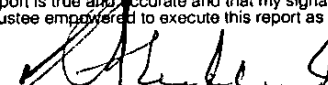


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR 24 AM 9:11

<b>DOCUMENT # A95000001225</b>			
1. Entity Name RIJAC LIMITED PARTNERSHIP			
Principal Place of Business 5630 WISONSIN AVE. APARTMENT 102 CHEVY CHASE, MD 20815		Mailing Address 8908 IRON GATE COURT C/O STEPHEN FRIEDLANDER POTOMAC, MD 20854	
2. Principal Place of Business 1565 S. Ocean Lane		3. Mailing Address 5630 Wisconsin Ave.,	
Suite, Apt. #, etc. 177		Suite, Apt. #, etc. 102	
City & State Ft. Lauderdale, FL		City & State Chevy Chase, MD	
Zip 33316	Country Broward	Zip 20815	Country
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		7. Name and Address of New Registered Agent	
HOFFMAN, FREDRIC A 9400 S DADELAND BLVD. #600 MIAMI, FL 33156		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			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>			
<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 # NAME STREET ADDRESS CITY-ST-ZIP	L95000000613 JACFRI L.C. 4040 PALM AIRE DRIVE #105 POMPAÑO BEACH, FL 33069	STREET ADDRESS CITY-ST-ZIP	1565 S. Ocean Lane, #177 Ft. Lauderdale, FL 33316
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500074703265 05/17/06--01007--030 **500.00
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #

STAPLE CHECK HERE