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

RIJAC 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

3. Date Domesticated or Reg. Agent

08/14/95

3a. Date of Last Report

04/07/98

4. State or Country of Formation

Florida

5a. Capital Contributions of Stock (if any)

673,850.00

5b. Amount of Capital Contributions in FLORIDA to date

50,072

6. FEI Number

58-2200936

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to Dept. of State (Fee necessary only for certified documents)

439.25

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

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 Zip

10a. Pursuant to the provisions of sections 620.1051 and 620.192 Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida submits 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 a general partner(s). I hereby accept the appointment as registered agent. I 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)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State, & Zip Code	**11c.** Registration/ Document Number
JACFRI, L.C.	1565 S Ocean La Apt 177	Ft. Lauderdale, Fla	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 determined exempt from public access. I further certify that the information indicated 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, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Jack D. Friedlander DATE 3/29/99

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

CR2E003 (12/98)