

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000001223**

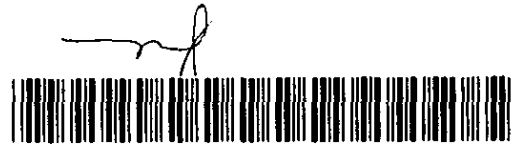
1. Entity Name
RIJAC-2 LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business
**1565 S. OCEAN LANE, APT. 177
FT LAUDERDALE FL 33316**

Mailing Address
**C/O EDWARD S. ALEXANDER
200-A MONROE STREET, #102
ROCKVILLE MD 20850**



2. Principal Place of Business
4040 Palm Aire Dr. W #105

3. Mailing Address
8908 Iron Gate Court

DO NOT WRITE IN THIS SPACE

City & State
Pompano Beach FL

City & State
Potomac Md

Zip
33069

Country

Zip
20854

Country

4. FEI Number
58-2200934

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JACFRI, L.C.
1565 S. OCEAN LANE, APT. 177
FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent
Name
Jack Diener
Street Address (P.O. Box Number is Not Acceptable)
4040 Palm Aire Dr W #105
Pompano Beach FL 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 *Jack Diener* (NOTE: Registered Agent signature required when reinstating) DATE 3/14/00

9. Capital Contributions as Shown on record. **\$151,250.00**

10. Amount of Capital Contributions in FLORIDA to date. **13913**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	4040 Palm Aire Dr. W #105
NAME	JACFRI L.C.	CITY - ST - ZIP	Pompano Beach Fla 33069
STREET ADDRESS	1565 S. OCEAN LANE, APT 177		
CITY - ST - ZIP	FT LAUDERDALE FL 33316		
DOCUMENT #		STREET ADDRESS	
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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: *Edward S. Alexander* **S.H. FRIEDLANDER** 3/14/00 202-872-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #