2000 UNIFORM BUSINESS REPORT (UBR) A95000001225 DOCUMENT # FILLD 1. Entity Name SECRETARY OF STATE SIVISION OF CORPORATIONS RIJAC LIMITED PARTNERSHIP 00 APR 21 AH 3: 05 Principal Place of Business Mailing Address 1565 S. OCEAN LANE, APT. 177 C/O EDWARS S. ALEXANDER. CPA FT LAUDERDALE FL 33316 200-A MONROE ST., #102 ROCKVILLE MD 20850 2. Principal Place of Business 4040 Palm Aire 3. Mailing Address Clo Stephen Friedlander 8908 Iron Gate Court Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Sty & State City & State Applied For 4. FEI Number 58-2200936 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACFRI, L.C. 1565 S. OCEAN LANE, APT 177 FT LAUDERDALE FL 33316 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 ture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$673,850.00 in FLORIDA to date as Shown on record. 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. GENERAL PARTNER INFORMATION 13. 12. L95000000613 DOCUMENT # STREET ADDRESS NAME JACFRI L.C. 1565 S. OCEAN LANE, APT 177 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS 800003249158- --NAME 05/12/00--01003--019 STREET ADDRESS CITY - ST - ZIP ****479.27 ****479.27 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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