2001 UNIFORM BUSINESS REPORT (UBR)

0017822 AF

DOCUMENT # A95000001223

1. Entity Name

RIJAC-2 LIMITED PARTNERSHIP

FILED
Apr 03, 2001 8:00 A.M.
Secretary of State

Principal Place of Business	Mailing Address
4040 PALM AIRE DR. WEST. #105 POMPANO BEACH FL 33069	8908 IRON GATE COURT C/O STEPHEN FRIEDLANDER POTOMAC MD 20854

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

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	7. Name and Address of New Registered Agent
JACK DIENER 4040 PALM AIRE DR. WEST, #105 POMPANO BEACH FL 33069	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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	$151,250.00	10. Amount of Capital Contributions in FLORIDA to date.	19,835	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 # NAME STREET ADDRESS CITY-ST-ZIP	L95000000613 JACFRI L.C. 4040 PALM AIRE DR. WEST, #105 POMPANO BEACH FL 33069	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	000003393830--3 -04/12/01--01034--003 ****227.60 ****227.60
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CR2E003 (11/00)

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

JACFRI, LC By:

SIGNATURE: SIGNATURE REQUIRED 3/28/01 202-872-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #