


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001225</b> 1. Entity Name <b>RIJAC LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>4040 PALM AIRE DRIVE WEST</b> <b>#105</b> <b>POMPANO, FL 33069</b>			Mailing Address <b>8908 IRON GATE COURT</b> <b>C/O STEPHEN FRIEDLANDER</b> <b>POTOMAC, MD 20854</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>JACK DIENER</b> <b>4040 PALM AIRE DRIVE WEST</b> <b>#105</b> <b>POMPANO, FL 33069</b>				Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="text-align: right;"><b>FL</b></div> <div style="text-align: right;">Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$673,850.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>77,476</b>		<b>526.25</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 #	<b>L95000000613</b>		STREET ADDRESS		
NAME	<b>JACFRI L.C.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>4040 PALM AIRE DRIVE #105</b>				
CITY-ST-ZIP	<b>POMPANO BEACH, FL 33069</b>				
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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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date <b>4/12/04</b> Daytime Phone # _____		

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