

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 24 AM 9:11

DOCUMENT # A95000001223

1. Entity Name
RIJAC-2 LIMITED PARTNERSHIP



Principal Place of Business
5630 WISONSIN AVE.
APT. 102
CHEVY CHASE, MD 20854

Mailing Address
5630 WISONSIN AVE.
APT. 102
CHEVY CHASE, MD 20854

2. Principal Place of Business
1565 S. Ocean Lane

3. Mailing Address

Suite, Apt. #, etc.
177

Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL

City & State

Zip Country
33316 Broward

Zip Country

03162006 Chg-LP CR2E003 (11/05)

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

HOFFMAN, FREDRIC A
9400 S DADELAND BLVD. #600
MIAMI, FL 33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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
NAME JACFRI L.C.
STREET ADDRESS 4040 PALM AIRE DR. WEST, #105
CITY-ST-ZIP POMPANO BEACH, FL 33069

STREET ADDRESS 1565 S. Ocean Lane, #177
CITY-ST-ZIP Ft. Lauderdale, FL 33316

DOCUMENT #
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05/17/06--01008--001 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE