2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A95000001223

1. Entity Name
RIJAC-2 LIMITED PARTNERSHIP

FILED
07 SEP -7 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1565 S OCEAN LANE SUITE 177 FT LAUDERDALE, FL 33316	1565 S OCEAN LANE SUITE 177 FT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

08282007 No Chg-LP CR2E003 (12/06)

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

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $900.00
On or after September 14, 2007, Fee will be $1000.00

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

DOCUMENT #	L95000000613
NAME	JACFRI L.C.
STREET ADDRESS	1565 S OCEAN LANE #177
CITY-ST-ZIP	FT LAUDERDALE, FL 33316
DOCUMENT #	
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09/11/07--01022--008 **900.00

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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: _____ 8/28/07 202-872-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #