

2003  
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001225

1. Entity Name

RIJAC LIMITED PARTNERSHIP

Principal Place of Business  
4040 PALM AIRE DRIVE WEST  
#105  
POMPANO FL 33069

Mailing Address  
8908 IRON GATE COURT  
C/O STEPHEN FRIEDLANDER  
POTOMAC MD 20854

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

58-2200936

Applied For

Not Applicable

Zip

Country

Zip

Country

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 DRIVE WEST  
#105  
POMPANO 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.

DATE

9. Capital Contributions  
as Shown on record.

\$673,850.00

10. Amount of Capital Contributions  
in FLORIDA to date.

83,164

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 # L95000000613  
NAME JACFRI L.C.  
STREET ADDRESS 4040 PALM AIRE DRIVE WEST  
CITY-ST-ZIP POMPAO FL 33069

STREET ADDRESS

CITY-ST-ZIP

300015478083

DOCUMENT #  
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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

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/02/31

CR2E003 (9/01)

0017739 AT