

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -5 PM 3:30

1. Name of Limited Partnership		1a. DOCUMENT # A95000001223	
RIJAC-2 LIMITED PARTNERSHIP			
Mailing Address	Principal Office Address		
c/o Edward S. Alexander, 200-A Monroe Street #102 Rockville, Md. 20850	1565 S Ocean La Ft. Lauderdale, Florida 33316		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt #, etc.	Suite, Apt #, etc.		
City & State	City & State		
Zip Country	Zip Country		

3. Date Form is Being Filed 08/14/95	5a. Capital Contributions Shown on Form 151,250.00
3a. Date of Last Report 04/08/98	5b. Amount of Capital Contributions in FLORIDA to date 13,161
4. State or Country of Formation Florida	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 58-2200934	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$180.88
8. Multiple Payment State Dept. of State (Do not re-submit fee for same period)	

9. Name and Address of Current Registered Agent

JACFRI, L.C.
1565 S. Ocean Lane, Apt 177
Ft. Lauderdale, Fla 33316

10. If Changed, New Registered Agent Office

Name _____
Street Address (P.O. Box Number, P.M. No. acceptable) _____
Suite, Apt #, etc. _____
City _____
FL *MIA*

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits a statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
JACFRI, L.C.	1565 S Ocean Lane	Ft. Lauderdale, Fl	L95000000613

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****180.88 ****180.88

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes, to release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Jack Strohbecker* DATE *3/29/99*

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone (if any) _____

CR2E003 (12/98)