

# 2000 UNIFORM BUSINESS REPORT (UBR)

00206955 3/P

DOCUMENT # **A95000001223**  
 1. Entity Name  
**RIJAC-2 LIMITED PARTNERSHIP**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 APR 20 AM 3:05

Principal Place of Business  
**1565 S. OCEAN LANE, APT. 177  
 FT LAUDERDALE FL 33316**

Mailing Address  
**C/O EDWARD S. ALEXANDER  
 200-A MONROE STREET, #102  
 ROCKVILLE MD 20850**



2. Principal Place of Business  
**4040 Palm Aire Dr. W**  
 Suite, Apt. #, etc.  
**105**

3. Mailing Address  
**8908 Iron Gate Court**  
 Suite, Apt. #, etc.

*% Stephen Friedlander*

DO NOT WRITE IN THIS SPACE

City & State  
**Pompano Beach FL**

City & State  
**Potomac Md**

Zip  
**33069** Country

Zip  
**20854** Country

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  
**JACFRI, L.C.  
 1565 S. OCEAN LANE, APT. 177  
 FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent  
 Name  
**Jack Diener**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4040 Palm Aire Dr W # 105**  
**Pompano Beach FL** Zip Code  
**33069**

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 *Jack Diener* (NOTE: Registered Agent signature required when reinstating) DATE **3/14/00**

9. Capital Contributions as Shown on record. **\$151,250.00**

10. Amount of Capital Contributions in FLORIDA to date. **13913**

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	
DOCUMENT #	<b>L95000000613</b>
NAME	<b>JACFRI L.C.</b>
STREET ADDRESS	<b>1565 S. OCEAN LANE, APT 177</b>
CITY - ST - ZIP	<b>FT LAUDERDALE FL 33316</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>4040 Palm Aire Dr. W # 105</b>
CITY - ST - ZIP	<b>Pompano Beach Fla 33069</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>600003245656--2</b>
CITY - ST - ZIP	<b>-05/10/00--01006--005</b>
STREET ADDRESS	<b>****186.14 ****186.14</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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: *Stephen Friedlander* **S.H. FRIEDLANDER** 3/14/00 202-872-5800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

16/0001-0001-0001