2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL -8 AM 10:37

DOCUMENT # A95000001223

1. Entity Name
RIJAC-2 LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
4040 PALM AIRE DR. WEST, #105 POMPANO BEACH, FL 33069	8908 IRON GATE COURT C/O STEPHEN FRIEDLANDER POTOMAC, MD 20854

05182005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
9400 S. Dadeland Blvd.	
Suite, Apt. #, etc.: 600	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33156 Country: USA	Zip 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	7. Name and Address of New Registered Agent
JACK DIENER 4040 PALM AIRE DR. WEST, #105 POMPANO BEACH, FL 33069	Name: Fredric A. Hoffman, Esquire Street Address (P.O. Box Number is Not Acceptable): 9400 S. Dadeland Blvd., #600 City: Miami **FL** Zip Code: 33156

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: Fredric A. Hoffman — Fredric A. Hoffman — 7-6-05
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$151,250.00	20,190	141.33

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	STREET ADDRESS	
NAME	JACFRI L.C.	CITY-ST-ZIP	
STREET ADDRESS	4040 PALM AIRE DR. WEST, #105		
CITY-ST-ZIP	POMPANO BEACH, FL 33069		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100057643361
NAME		CITY-ST-ZIP	07/19/05--01006--006 **141.33
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 6/25/05 202-872-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #