


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # A95000001223

1. Entity Name
RIJAC-2 LIMITED PARTNERSHIP



Principal Place of Business Mailing Address

1565 S OCEAN LANE **1565 S OCEAN LANE**
SUITE 177 **SUITE 177**
FT LAUDERDALE, FL 33316 **FT LAUDERDALE, FL 33316**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01282008 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

7. Name and Address of New Registered Agent

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. 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 \$500.00
After May 1, 2008, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L95000000613	STREET ADDRESS	
NAME	JACFRI L.C.	CITY-ST-ZIP	
STREET ADDRESS	1565 S OCEAN LANE #177		
CITY-ST-ZIP	FT LAUDERDALE, FL 33316		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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 02/27/08-81013-003 500.00

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:  **3/14/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #