## 2000 UNIFORM BUSINESS REPORT (UBR) A95000001224 DOCUMENT # 1. Entity Name FRIJAC LIMITED PARTNERSHIP 00 APR 21 AM 3: 05 Principal Place of Business Mailing Address 1565 S. OCEAN LANE, APT, 177 C/O EDWARD S. ALEXANDER. CPA 200-A MONROE ST. #102 FT LAUDERDALE FL 33316 ROCKVILLE MD 20850 3. Mailing Address 40 Stephen Friedlander Principal Pace of Business 8908 Iron Gote Court Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. ID. Applied For City & State 4. FEI Number 58-2200938 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JACFRI, L.C. 1565 S. OCEAN LANE, APT 177 FT LAUDERDALE FL 33316 8. The above named entity submits this statement for the purpose of changing its registered office or redistered agent, or both, in the State of Florida SIGNATURE ne of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$1,000,100.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. L95000000613 DOCUMENT # STREET ADDRESS JACFRI L.C. NAME 1565 S. OCEAN LANE, APT 177 STREET ADDRESS CITY-ST-7IP FT LAUDERDALE FL 33316 CITY-ST-ZIP ·05/12/00---01003 DOCUMENT # STREET ADDRESS \*\*\*\*378 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Manager

3/14/00 7

267-872 - 5833 Dayling Phone #