

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 5, 2007**

**DOCUMENT # A95000001225**

1. Entity Name

**RIJAC LIMITED PARTNERSHIP**



Principal Place of Business

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

Mailing Address

**5630 WISCONSIN AVE  
SUITE 102  
CHEVY CHASE MD 20815**

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

2nd MOORE

CR2E003 (4/07)

4. FEI Number

**58-2200936**

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

**HOFFMAN, FREDRIC A  
9400 S DADELAND BLVD. #600  
MIAMI FL 33156**

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

Signature, typed or printed name of registered agent, and the if applicable

DATE

**8-20-07**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

☐

**File Now!!! Fee is \$900.00 • Due By September 5, 2007**

**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**  
NAME **JACFRI L.C.**  
STREET ADDRESS **1565 S OCEAN LANE #177**  
CITY-ST-ZIP **FT LAUDERDALE FL 33316**

STREET ADDRESS

CITY-ST-ZIP

**600109297966**  
**09/11/07--01022--009 \*\*900.00**

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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**STEPHEN FRIEDLANDER**

DATE

Daytime Phone #

**8/3/07 301-467-0510**

STAPLE CHECK HERE