


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 29, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # A0000000835 |  |
| 1. Entity Name NISAN REALTY ADA COMPLIANT LTD. | |

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|--|--|
| Principal Place of Business ATTN: MURRAY DALFEN, PRESIDENT 4444 STE-CATHERINE OUEST SUITE 100 WESTMOUNT, QUEBEC, H3Z1R-2 OC | Mailing Address ATTN: MURRAY DALFEN, PRESIDENT 4444 STE-CATHERINE OUEST SUITE 100 WESTMOUNT, QUEBEC, H3Z1R-2 OC |
|--|--|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

01122004 Chg-LP CR2E003 (10/03)

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|---|--------------------------------|
| 4. FEI Number 98-0225980 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent |
| COBB, THOMAS C ESQ COBB & EBIN PA 825 BRICKELL BAY DR, STE 1648 MIAMI, FL 33131-2920 |

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| 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.

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|---|---|
| 9. Capital Contributions as Shown on record. \$2,100,000.00 | 10. Amount of Capital Contributions 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.

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------------------|--------------------------|----------------------------|
| DOCUMENT # | F9600004565 | STREET ADDRESS | |
| NAME | DALFEN SUNPLEX ENTERPRISES INC. | CITY-ST-ZIP | |
| STREET ADDRESS | 4444 STE-CATHERINE OUEST SUITE 100 | | |
| CITY-ST-ZIP | WESTMOUNT, QUEBEC, H3Z1R2 | | |
| DOCUMENT # | | STREET ADDRESS | U00000104340 |
| NAME | | CITY-ST-ZIP | 04/06/04-80005-024 526, 25 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
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| 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)(f), 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: Murray Dalfen MARCH 22/04 514-938-1050
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #