


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A00000000835	
1. Entity Name NISAN REALTY ADA COMPLIANT LTD.	

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COBB, THOMAS C ESQ COBB & EBIN PA 825 BRICKELL BAY DR, STE 1648 MIAMI, FL 33131-2920	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.

9. Capital Contributions as Shown on record. \$2,100,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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
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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 #