


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Apr 27, 2005 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



03032005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business  
Suite, Apt #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number  
98-0225980

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

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

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 #	F96000004565	STREET ADDRESS	
NAME	DALFEN TERRACOTTA ENTERPRISES, INC.	CITY - ST - ZIP	
STREET ADDRESS	4444 STE-CATHERINE WEST, STE 100		
CITY - ST - ZIP	WESTMOUNT, QUEBEC, H3Z1R2		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

UD0000336090  
04/27/05 00113 002 535.00

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 DATE: Apr 11, 2005 DAYTIME PHONE: 514 938-1050

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

STAPLE CHECK HERE