## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DO NOT WRITE IN THIS SPACE

## FILED Apr 27, 2006 08:00 AM Secretary of State

DOCUMENT	# A(	00000	000	0835
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1. Entity Name

NISAN REALTY ADA COMPLIANT LTD.



Principal Place of Business

C/O MURRAY DALFEN, 4444 STE CATHERINE OUEST #100, WESTMOUNT, QUEBEC H3Z 1R2 CANADA. XX Mailing Address

C/O MURRAY DALFEN, 4444 STE CATHERINE OUEST #100, WESTMOUNT, QUEBEC H3Z 1R2 CANADA, XX



01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 98-0225980 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

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

DC	NOT	WRITE
IN	THIS	SPACE

825 BRICKELL BAY DR, STE 1648 MIAMI, FL 33131-2920		IN THIS SPACE	
	named entity submits this statement for the purpose of changing its tions of registered agent.	registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed pieme of registered egent and title if explicable	DATE	
	FILE NOW!!! FEE 19 \$500.00 After May 1, 2006, Fee will be \$900		
		TITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. see form; an amendment must be filed to change a general partner.	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION F96000004565 DALFEN TERRACOTTA ENTERPRISES, INC. 4444 STE-CATHERINE WEST, STÉ 100 WESTMOUNT, QUEBEC, H3Z1R2	U00000540179 US/10/06-80005-018 508.75	
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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:

HERE

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINT

MULROU DALFE

APR 3 2006

514-938-1050

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