


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12: 13

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



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

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

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



04012008      Chg-LP      CR2E003 (12/06)

4. FEI Number      Applied For  
 98-0225980      Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 3841 NE 2ND AVE, STE 305  
 City MIAMI      FL      Zip Code 33137

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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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	980125592349
NAME		CITY-ST-ZIP	04/24/08--01035--026 **508.75
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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 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: Murray Dalfen      APRIL 3/08      514-938-1050  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #