2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0100000795

SHAVUOT REALTY ADA COMPLIANT LTD.



FILED Apr 16, 2007 08:00 A Secretary of State

Principal Place of Business

COBB, THOMAS C ESQ.

MIAMI, FL 33131-2920

825 BRICKELL BAY DR, STE 1648

%COBB & EBIN P.A.

Mailing Address

4444 STE CATHERINE QUEST #100 M. DALFEN WESTMOUNT QUEBEC H3Z 1R2 CANADA. XX

4444 STE CATHERINE QUEST #100 M, DALFEN WESTMOUNT QUEBEC H3Z 1R2 CANADA,



DO NOT WRITE IN THIS SPACE

01082007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 52-2327606

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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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.	
SI	GNATURE	

Signalure, typed or printed name of registered agen) and title if applicable

6. Name and Address of Current Registered Agent

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.

	NOTE: General Partners MAY NOT be changed on the			
	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT / NAME STREET ADDRESS	F01000003120 DALFEN INTERAMERICAN ENTERPRISES INC. 4444 STE-CATHERINE OUEST SUITE 100		
	CHY-ST-ZIP	QUEBEC H3Z 1R2		
	DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP			
	DOCUMENT / NAME STREET ADDRESS			

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NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-71P

CITY-ST-ZIP

DOCUMENT #

DOCUMENT # NAME STREET ADDRESS

14. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER