
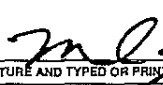


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000000796					
1. Entity Name MISHKAN REALTY LTD.					
Principal Place of Business 4444 STE-CATHERINE OUEST, SUITE 100 ATTN: MURRAY DALFEN WESTMOUNT QUEVEC H3Z 1R2,			Mailing Address 4444 STE-CATHERINE OUEST, SUITE 100 ATTN: MURRAY DALFEN WESTMOUNT QUEVEC H3Z 1R2,		
2. Principal Place of Business			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. 1399 S.W. FIRST AVE. SUITE 301 MIAMI, FL 33130			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,750,000.00			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 #	FOI-3124		STREET ADDRESS		
NAME	DALFEN CROSSROADS ENTERPRISES INC. ✓		CITY-ST-ZIP	000000069873	
STREET ADDRESS	4444 STE-CATHERINE OUEST, SUITE 100			02/28/04-80015-006 535.00	
CITY-ST-ZIP	WESTMOUNT QUEVEC H3Z 1R2,				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			1/21/04 514-938-1050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE