2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A0100000796

1. Entity Name
MISHKAN REALTY LTD.



Principal Place of Business

4444 STE-CATHERINE QUEST, SUITE 100 ATTN: MURRAY DALFEN, WESTMOUNT, QUEBEC CANADA H3Z 1R2, QC H3Z 1-R2 XX Mailing Address

4444 STE-CATHERINE OUEST, SUITE 100 ATTN: MURRAY DALFEN, WESTMOUNT, QUEBEC CANADA H3Z 1R2, QC H3Z 1-R2 XX

FILED Jan 30, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 52-2327599

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. 825 BRICKELL BAY DRIVE SUITE 1648 MIAMI, FL 33131

CHY-ST-ZIP

COCUMENT *

NAME

SIRLET ADDRESS

CHY-ST-ZIP

DOCUMENT *

NAMC

STREET ADDRESS

CHY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above the obliga	a 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 name of registered agent and little if applicable.		DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00			
	A GENERAL PARTNER THAT IS A BUSINESS EN NOTE: General Partners MAY NOT be changed on the second seco		
DOCUMENT # NAME STREET AUGRESS CITY-ST-ZIP UOCUMENT # NAME STREET AUDRESS CITY-ST-ZIP	GENERAL PARTNER INFORMATION F01000003124 DALFEN CROSSROADS ENTERPRISES INC. 4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT QUEBEC H3Z 1R2, QC H3Z 1R2		UHUUGU406970 02/07/06-80114-003 508.75
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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 eath; 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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

- M Cry JAN.

(514) 938-10**5**0

Daytime Phone 9