

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 14, 2007 08:00 A**  
**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, 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**



01082007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

*Signature, typed or printed name of registered agent and title if applicable.*

DATE

**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.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F01000003124**  
NAME **DALFEN CROSSROADS ENTERPRISES INC.**  
STREET ADDRESS **4444 STE-CATHERINE OUEST, SUITE 100**  
CITY-ST-ZIP **WESTMOUNT QUEBEC H3Z 1R2, QC H3Z 1R2**

DOCUMENT #  
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CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Feb 7/2007**

Date

**(514) 938-1050**

Daytime Phone #