

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

52-2327599

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COBB, THOMAS C ESQ.
 825 BRICKELL BAY DRIVE
 SUITE 1648
 MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

3811 NE 2 Ave., Suite 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

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

800125593008

04/24/08--01035--031 **508.75

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

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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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

April 8/08

Date

Daytime Phone #

(514) 938-1050

STAPLE CHECK HERE