


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 30 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A29031	
1. Entity Name CANAM PALISADES, LTD.	

Principal Place of Business 9617 SPRING LAKE DRIVE CLERMONT, FL 34711	Mailing Address ONE YORKDALE ROAD, SUITE 510 TORONTO ONTARIO CANADA, XX
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address ONE YORKDALE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 510
City & State	City & State TORONTO ONTARIO
Zip	Country M6A 3A1 CANADA

04202007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2972246	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PRATT, JAMES R ESQ. 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent; and date if applicable

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	V73524 TBF LAKE MARY, INC. 10649 MASTERS DRIVE CLERMONT, FL 34711	STREET ADDRESS CITY-ST-ZIP	ONE YORKDALE ROAD, SUITE 510 TORONTO, ONTARIO, CANADA M6A 3A1
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	B93000000143 ALLBER VENTURES(OUTLOOK), LTD. %THE METRONTARIO GROUP, ONE YORKDALE RD NORTH YORK, ONT., CAN M6A 3A1,	STREET ADDRESS CITY-ST-ZIP	400102360874 05/15/07--01005--015 **500.00
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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 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

APR 25 2007

410-785-6000

Date Daytime Phone #

STAPLE CHECK HERE