2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE:

TALLAHASSEE, FLORIDA DOCUMENT # A29031 08 MAY - 1 PM 12: 26 CANÁM PALISADES, LTD. Principal Place of Business Mailing Address ONE YORKDALE ROAD, SUITE 510 9617 SPRING LAKE DRIVE CLERMONT, FL 34711 TORONTO ONTARIO CANADA, XX 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 04112008 CR2E003 (12/06) Chg-LP Applied For City & State 4. FEI Number 59-2972246 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRATT, JAMES R ESQ. Street Address (P.O. Box Number is Not Acceptable) 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK, FL 32789 Zip Code City 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 800128117768 05/01/08--01034--019 **50 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 13. DOCUMENT # V73524 STREET ADDRESS TRE LAKE MARY, INC. NAME STREET ADDRESS ONE YORKDALE ROAD, SUITE 510 CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CANADA, B9300000143 ODCHMENT # STREET ADDRESS ALLBER VENTURES(OUTLOOK), LTD. NAME STREET ADDRESS %THE METRONTARIO GROUP, ONE YORKDALE RD CITY-ST-ZIF CITY-ST-ZIP NORTH YORK, ONT., CAN M6A 3A1, DOCUMENT 4 STREET ADDRESS TIMAM STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - S1 - ZIP DOCUMENT . STREET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-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 the report as required by Chapter 620, Florida Statutes.

YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

SECRETARY OF STATE

Date