

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED

05 APR 19 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A92000000098

1. Entity Name

GORAL TOV ADA COMPLIANT, LTD.



Principal Place of Business

4444 STE. CATHERINE WEST, SUITE 100  
WESTMOUNT, QUEBEC, CANADA  
H3Z 1R2,

Mailing Address

4444 STE. CATHERINE WEST, SUITE 100  
WESTMOUNT, QUEBEC, CANADA  
H3Z 1R2,

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

98-0131128

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.  
C/O COBB & EBIN, P.A.  
825 BRICKELL BAY DR., STE. 1648  
MIAMI, FL 33131-2920

Name

COBB, THOMAS, C

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

825, BRICKELL DRIVE, SUITE 1648

City

MIAMI

FL

Zip Code

33131-2920

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

9. Capital Contributions  
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # P92000008236  
NAME DALFEN U.S. PROPERTY CORP.  
STREET ADDRESS 4444 STE. CATHERINE WEST, SUITE 100  
CITY-ST-ZIP H3Z 1R2 CANADA,

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

300054011843  
05/06/05--01057--022 \*\*150.00

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 exemption stated in Section 119.07(3)(i), 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:

*Murray*

MURRAY DALFEN, PRESIDENT

04/12/05 (514) 338-1050

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE