2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 27, 2006 08:00 AM Secretary of State

Due By May 1, 2006				Secretary of State	
DOCUMENT # A9200000098				}	J
1. Entity Nat GORAL	TOV ADA COMPLIANT, LĪ	.סל.			
Principal Place of Business 4444 STE, CATHERINE WEST, SUITE 100 WESTMOUNT, QUEBEC, CANADA H3Z 1R2, XX Mailing Address 4444 STE, CATHERINE WEST WESTMOUNT, QUEBEC, CANADA H3Z 1R2, XX			T, SUITE 100 ADA	A SERVICE AND A REAL PROPERTY OF A	K BANK ADIN ABIN BENE IBER KENAN EL IBE
				01112006 No Chg-LP	CR2E003 (11/05)
DO NOT WRITE IN THIS SPA			ACE	4. FEI Number 98-0131128	Applied For Not Applicable
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	5. Name and Address of Curren	t Registered Agent		/-	
COBB, THOMAS C 825 BRICKELL DRIVE STE 1648 MIAMI, FL 33131-2920			=	DO NOT W IN THIS SP	
the obliga	e named entity submits this statement i tions of registered agent.	or the purpose of changing its regis	tered office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE	Signature, typed or primed name of registered age-	t and title it applicable			DATE
	After May 1,	Will FEE IS \$500.00 2008, Fee will be \$900.00			
	A GENERAL PARTNER NOTE: General Partners M.	THAT IS A BUSINESS ENTITY AY NOT be changed on the fo	MUST BE REGIST	ERED AND ACTIVE WITH THE t must be filed to change a ge	S OFFICE. neral partner.
12.	GENERAL PARTNE			<u></u>	
NAME STREET ABORESS CITY-ST-ZIP	DALFEN U.S. PROPERTY COR 4444 STE. CATHERINE WEST, H3Z 1R2 CANADA.	_			
DOCUMENT F NAME STREET ADDRESS					
CITY-ST-ZIP				U000000 05 / 10 / 06 -	540190 90005-022 588 .75
DOCUMENT #	{]		יים של און לכני	300037922 388.13
STREET ADDRESS CITY -SI -219	}	ļ		DO NOT WE	RITE
BOCUMENT #				IN THIS SPA	\CE
NAME STREET ADDRESS					
DOCUMENT #					!
name Street adoress City-S7-Zip					
DOCUMENT / NAME STREET ADDRESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118. 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 affect as if made under oath; that I am a General Partner of the limited partnership or the receiver of trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

MURRAY DOLFEN PRESIDENT 03/13/06 (