

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

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, XX	Mailing Address 4444 STE. CATHERINE WEST, SUITE 100 WESTMOUNT, QUEBEC, CANADA H3Z 1R2, XX
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04012008 Chg-LP CR2E003 (12/06)

4. FEI Number 98-0131128	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COBB, THOMAS C 825 BRICKELL DRIVE STE 1648 MIAMI, FL 33131-2920	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3841 NE 2ND AVE, STE 305 City MIAMI FL Zip Code 33137
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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 title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 04/24/08--01035--029 **508.75

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

STAPLE CHECK HERE

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:

M Dalfen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MURRAY DALFEN

APRIL 3/08 514 938 1050

Date

Daytime Phone #