

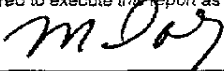


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000383</b> 1. Entity Name MENORAH REALTY ADA COMPLIANT LTD.					
Principal Place of Business 4444 STE. CATHERINE WEST, STE 100 WESTMOUNT, QUEBEC H3Z 1R2 CANADA,			Mailing Address 4444 STE CATHERINE WEST, SUITE 100 WESTMOUNT, QUEBEC H3Z 1R2 CANADA,		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
03162004      Chg-LP      CR2E003 (10/03)				4. FEI Number 98-0162089	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  COBB, THOMAS C %COBB & EBIN P.A. 825 BRICKELL BAY DR, STE 1648 MIAMI, FL 33131-2920			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City                      FL                      Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record.      \$2,180,242.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F96000000918		STREET ADDRESS		
NAME	DALFEN BOYNTON ENTERPRISES INC		CITY - ST - ZIP		
STREET ADDRESS	4444 STE CATHERINE WEST, SUITE 100		STREET ADDRESS		
CITY - ST - ZIP	WESTMOUNT QUEBEC CANADA,		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 DALFEN Mar 22/2004 514-938-1050		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date                      Daytime Phone #		

STAPLE CHECK HERE