


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000383</b> 1. Entity Name <b>MENORAH REALTY ADA COMPLIANT LTD.</b>	
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Principal Place of Business <b>4444 STE. CATHERINE WEST, STE 100          WESTMOUNT, QUEBEC          H3Z 1R2 CANADA,</b>	Mailing Address <b>4444 STE CATHERINE WEST, SUITE 100          WESTMOUNT, QUEBEC          H3Z 1R2 CANADA,</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>98-0162089</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent		
<b>COBB, THOMAS C</b> <b>%COBB &amp; EBIN P.A.</b> <b>825 BRICKELL BAY DR, STE 1648</b> <b>MIAMI, FL 33131-2920</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
<b>FL</b>		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

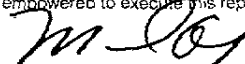
9. Capital Contributions as Shown on record. <b>\$2,180,242.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY 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 #	F96000000918	STREET ADDRESS	
NAME	DALFEN BOYNTON ENTERPRISES INC	CITY-ST-ZIP	
STREET ADDRESS	4444 STE CATHERINE WEST, SUITE 100		
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA,		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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 04/27/05-80113-003 535.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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** **APR 11, 2005** **514-938-1050**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE