

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**DOCUMENT # A96000000383**

1. Entity Name  
**MENORAH REALTY ADA COMPLIANT LTD.**



Principal Place of Business  
**4444 STE. CATHERINE WEST, STE 100  
WESTMOUNT, QUEBEC H3Z1R2  
CANADA, XX**

Mailing Address  
**4444 STE CATHERINE WEST, SUITE 100  
WESTMOUNT, QUEBEC  
H3Z 1R2 CANADA,**



01112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**98-0162089**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

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**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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 # **F96000000918**  
NAME **DALFEN BOYNTON ENTERPRISES INC**  
STREET ADDRESS **4444 STE CATHERINE WEST, SUITE 100**  
CITY-ST-ZIP **WESTMOUNT QUEBEC CANADA,**

DOCUMENT #  
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**U00000540177  
05/10/06-80005-017 508.75**

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

**MURRAY DALFEN APR 3, 2006 514-938-1050**

Date

Daytime Phone #

STAPLE CHECK HERE