2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A9600000383

1. Entity Name

MENORAH REALTY ADA COMPLIANT LTD.



FILED Apr 16, 2007 08:00 A Secretary of State

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,



01052007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 98-0162089

Applied For Not Applicable

5. Certificate of Status Desired

X

\$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

MIAMI, FL	. 33131-2920	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 punktor name at registered agoint and title it upplicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	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	U00000712332 04/26/07-80042-017 508.75
STREET ADDRESS	4444 STE CATHERINE WEST, SUITE 100	
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA.	
DOCUMENT #		0 1/ CO(0) 0007C 011 000.10
NAME		
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NAME		11110 017102
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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:

STAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MURRAY DALFES

APRS, 2007 514-938-1050

Daytime Phone #