

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

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

**DOCUMENT # A96000002226**

1. Entity Name  
TA/VAH REALTY ADA COMPLIANT LTD.



Principal Place of Business  
4444 STE. CATHERINE WEST, STE. 100  
WESTMOUNT, QUEBEC, CANADA  
H3Z 1R2, XX

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



01112006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
98-0165499

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 ESQ.  
%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 # F96000006321  
NAME DALFEN SARNO ENTERPRISES INC.  
STREET ADDRESS 4444 STE CATHERINE WEST SUITE 100  
CITY-ST-CP WESTMOUNT QUEBEC CANADA,

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

U00000540163  
05/10/06-80005-016 509.75

**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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MURRAY DALFEN Apr 3, 2006

Date

Daytime Phone #

514-938-1050

STAPLE CHECK HERE