


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

| | |
|--|---|
| DOCUMENT # A96000002226 1. Entity Name TAIVAH REALTY ADA COMPLIANT LTD. |  |
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|---|--|
| 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 |
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01082007 No Chg-LP

CR2E003 (12/06)

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|-----------------------------|-------------------------------|
| 4. FEI Number 98-0165499 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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|--|
| 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 |
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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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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-ZIP | WESTMOUNT QUEBEC CANADA, |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/26/07-80042-008 508.75

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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MURRAY DALFEN

APR 15, 2007 514-938-1050

Date

Daytime Phone #

STAPLE CHECK HERE