


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000002046 1. Entity Name COMMANDMENT REALTY ADA COMPLIANT LTD.					
Principal Place of Business 4444 STE-CATHERINE OUEST SUITE 100, WESTMOUNT H3Z 1R2 QUEBEC CANADA, OC			Mailing Address 4444 STE-CATHERINE OUEST SUITE 100, WESTMOUNT H3Z 1R2 QUEBEC CANADA, OC		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		01212004 Chg-LP		CR2E003 (10/03)	
4. FEI Number 98-0178263				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COBB, THOMAS C ESQ. %COBB & EBIN P.A. 825 BRICKELL BAY DR, STE 1648 MIAMI, FL 33131-2920			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$1,000,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	F97000005599		STREET ADDRESS		
NAME	DALFEN CASCADES ENTERPRISES, INC. ✓		CITY - ST - ZIP	000000069879 02/28/04-80015-008 535.00	
STREET ADDRESS	4444 STE-CATAHERINE OUEST, SUITE 100		STREET ADDRESS		
CITY - ST - ZIP	WESTMOUNT QUEBEC CANADA,		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<i>1/21/04</i> <i>514-938-1050</i> <small>Date Daytime Phone #</small>		

STAPLE CHECK HERE