

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 25 AM 10:12

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03162005 Chg-LP CR2E003 (10/03)

4. FEI Number 98-0178263	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		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 FL Zip Code	

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$1,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	
STREET ADDRESS	4444 STE-CATAHERINE OUEST, SUITE 100		
CITY-ST-ZIP	WESTMOUNT QUEBEC CANADA,		
DOCUMENT #		STREET ADDRESS	500049885855
NAME		CITY-ST-ZIP	04/05/05--01009--011 **535.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: <u>Murray Dalfen</u>	DATE: <u>3/16/05</u>	DAYTIME PHONE #: <u>514-938-1050</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		