2006 08:00 AM

| Due By May 1, 2006 | | | Secretary of State |
|--|---|---------------------------|---|
| DOCUMENT # A9700002046 | | | |
| T. ERMY Name COMMANDMENT REALTY ADA COMPLIANT LTD. | | | |
| Principal Place of Business 4444 STE-CATHERINE OUEST SUITE 100, WESTMOUNT QUEBEC H3Z TRZ CANADA, XX Malling Address 4444 STE-CATHERINE OUEST SUITE 100, WESTMOUNT QUEBEC H3Z TRZ CANADA, XX | | | |
| DO NOT WRIT | | ACE | 01112006 No Chg-LP CR2E003 (11/05) 4. FEI Number Applied For 98-0178263 Not Applicable 5. Certificate of Status Desired |
| 6. Name and Address of Curre | nt 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 |
| The above named entity submits this statement the obligations of registered agent. | for the purpose of changing its reg | istered office or registe | red agent, or both, in the State of Florida. I am familiar with, and accept |
| SIGNATURE Signature, spread or printed pame of registered age | ent and title if applicable | · | OATE |
| | Will FEE IS \$500.00 2006, Fee will be \$900.0 | o. | |
| A GENERAL PARTNER | THAT IS A BUSINESS ENTIT | Y MUST BE REGIS | TERED AND ACTIVE WITH THIS OFFICE. |
| | ER INFORMATION | orm; an amenume | nt must be filed to change a general partner. |
| DOCUMENT F9700005599 NAME DALFEN CASCADES ENTERF STREET ADDRESS 4444 STE-CATAHERINE OUE | · · · · · · · · · · · · · · · · · · · | | |
| OCCUMENT ! WESTMOUNT QUEBEC CANA | ADA, | | U000 <u>0</u> 0540185 |
| NAME | | | 05/10/06-80005-020 538.75 |
| SIMELI AUDRESS (CITY-ST-ZIP | | | |
| BOCUMENT | | | |
| NAME STREET ADDRESS | Ì | | DO NOT WRITE |
| C(TY-ST-2)P | | | IN THIS SPACE |
| DOCUMENT # NAME | ! | | IN THIS STAGE |
| SIPEET ADDRESS CITY-SI-DP | Į | | |
| DOGUMENT # | | | |
| NAME STREET ADDRESS | | | |
| GIV-SI-ZIP | | | |
| DOCUMENT # | | | |

14. I hereby certify that the information supplied with this filling 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 path; that I am a General Partner of the limited pathership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME STREET ADDINESS

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