

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 02, 2007 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 QUEBEC H3Z 1R2  
CANADA, XX**

Mailing Address  
**4444 STE-CATHERINE OUEST  
SUITE 100, WESTMOUNT QUEBEC H3Z 1R2  
CANADA, XX**



01102007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**98-0178263**

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.

**U000000756794**  
**05/23/07-80043-007 508.75**  
DATE

**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 # **F97000005599**  
NAME **DALFEN CASCADES ENTERPRISES, INC.**  
STREET ADDRESS **4444 STE-CATHERINE OUEST, SUITE 100**  
CITY-ST-ZIP **WESTMOUNT QUEBEC CANADA.**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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**

**April 30, 2007 514-938-1050**  
Date Daytime Phone #

STAPLE CHECK HERE