


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



04012008 Chg-LP CR2E003 (12/06)

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	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3841 NE 2ND AVE, STE 305 City MIAMI FL Zip Code 33137
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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, 2008, Fee will be \$900.00
 100125592571
 04/24/08--01035--028 **508.75

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	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: *Murray Dalfen* **April 3/08** **514-938-1050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Murray Dalfen Date Daytime Phone #