2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000002046

Entity Name: COMMANDMENT REALTY ADA COMPLIANT LTD.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4444 STE-CATHERINE OUEST 4444 STE-CATHERINE ST., WEST

SUITE 100, WESTMOUNT QUEBEC H3Z 1R2 SUITE 100

CANADA, XX WESTMOUNT, QC H3Z1R2 CA

Current Mailing Address: New Mailing Address:

4444 STE-CATHERINE OUEST 4444 STE-CATHERINE ST., WEST

SUITE 100, WESTMOUNT QUEBEC H3Z 1R2 SUITE 100

CANADA, XX WESTMOUNT, QC H3Z1R2 CA

FEI Number: 98-0178263 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 COBB, THOMAS C ESQ.
 COBB, THOMAS C ESQ.

 %COBB & EBIN P.A.
 3841 NE 2ND AVENUE

 3841 NE 2ND AVE STE 305
 SUITE 305

 MIAMI, FL 33137 US
 MIAMI, FL 33137 US

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.

SIGNATURE: 03/31/2009

Electronic Signature of Registered Agent Date

GENERAL PARTNER INFORMATION: ADDRESS CHANGES ONLY:

Document #: F97000005599

Name: DALFEN CASCADES ENTERPRISES, INC.

Address: 4444 STE-CATAHERINE OUEST, SUITE 100 Address: 100-4444 STE-CATHERINE ST., WEST City-St-Zip: WESTMOUNT QUEBEC CANADA, OC City-St-Zip: WESTMOUNT, QC H3Z1R2 CA

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 PRES 03/31/2009