

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A98000002065

1. Entity Name
HALLEL 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**



01082004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
98-0194185

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COBB, THOMAS C ESQUIRE
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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE _____

9. Capital Contributions
as Shown on record. **\$3,801,060.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **F98000004807**
NAME **DALFEN FOUNTAIN OAKS ENTERPRISES INC.**
STREET ADDRESS **4444 STE-CATHERINE OUEST, SUITE 100**
CITY - ST - ZIP **CANADA,**

STREET ADDRESS

CITY - ST - ZIP

U000000096364

03/25/04-80027-003 526.25

DOCUMENT #
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CITY - ST - ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

MURRAY DALFEN

03/11/04

STAPLE CHECK HERE