


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A98000002065		
1. Entity Name HALLEL REALTY ADA COMPLIANT LTD.		

FILED
05 APR 19 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT QUEBEC CANDA H3Z 1R2,		Mailing Address 4444 STE-CATHERINE OUEST, SUITE 100 WESTMOUNT QUEBEC CANDA H3Z 1R2,	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03032005 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent COBB, THOMAS C ESQUIRE COBB & EBIN P.A. 825 BRICKELL BAY DR, STE 1648 MIAMI, FL 33131-2920		7. Name and Address of New Registered Agent Name COBB, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 825 BRICKELL DRIVE, SUITE 1648 City MIAMI FL Zip Code 33131-2920	
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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.

9. Capital Contributions as Shown on record. \$3,801,060.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	F98000004807 DALFEN FOUNTAIN OAKS ENTERPRISES INC. 4444 STE-CATHERINE OUEST, SUITE 100 CANADA,	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400054032214 05/06/05 01115 000 **535.00
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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: Murray Dalfen MURRAY DALFEN, PRESIDENT 04/12/05 (514)938-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE