

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 27, 2006 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 QUEBEC**  
**CANDA H3Z 1R2, XX**

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



**DO NOT WRITE IN THIS SPACE**

01112006 No Chg-LP

CR2E003 (11/05)

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**

**COBB, THOMAS C**  
**825 BRICKELL BAY DR STE 1648**  
**MIAMI, FL 33131-2920**

**DO NOT WRITE**  
**IN THIS SPACE**

6. 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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 # **F98000004807**  
NAME **DALFEN FOUNTAIN OAKS ENTERPRISES INC.**  
STREET ADDRESS **4444 STE-CATHERINE OUEST, SUITE 100**  
CITY-ST-ZIP **CANADA,**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**U00000540187**  
**05/10/06-80005-021 508.75**

**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]*

**MURRAY DALFEN PRESIDENT 02/12/06 (514) 938-1050**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE