

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 02, 2007 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



01082007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

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

UD00000756785

05/23/07-80043-005-500.75

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

M. Dalf
April 30, 2007

Date

514-938-1050

Daytime Phone #

STAPLE CHECK HERE