

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

DOCUMENT # A98000002065

1. Entity Name
 HALLEL REALTY ADA COMPLIANT LTD.



Principal Place of Business
 4444 STE-CATHERINE OUEST, SUITE 100
 WESTMOUNT QUEBEC
 CANADA H3Z 1R2, XX

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012008 Chg-LP CR2E003 (12/06)

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
 825 BRICKELL BAY DR STE 1648
 MIAMI, FL 33131-2920

Name

Street Address (P.O. Box Number is Not Acceptable)

3841 NE 2ND AVE, STE 305

City

MIAMI

FL

Zip Code

33137

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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 04/24/08--01035--030 **508.75

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

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Murray Dalfen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER MURRAY DALFEN

APRIL 3/08

514 938 1050

Date

Daytime Phone #

STAPLE CHECK HERE