# 2008 LIMITED PARTNERSHIP ANNUAL REPORT

# Due By May 1, 2008

**FILED** Jan 18, 2008 08:00 AM **Secretary of State** 

DOCUMENT # A06557

PELICAN ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business % HAYS & COMPANY 477 MADISON AVE. NEW YORK, NY 10022

Mailing Address

% HAYS & COMPANY 477 MADISON AVE. NEW YORK, NY 10022



#### DO NOT WRITE IN THIS SPACE

01042008 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 13-2948017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GORTZ, ALBERT W ONE BOCA PLACE SUITE 340 WEST 2255 GLADES RD. BOCA RATON, FL 33431

### 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, i	in the S	itate of Florida	am famil	iar with,	and acc	ept
	<ul> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, i the obligations of registered agent</li> </ul>		UUUUUU	1789726	}		
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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

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 # NAME STREET ADDRESS CITY-ST-7IP	INGBER, SIDNEY 575 LEXINGTON AVE. NEW YORK, NY 10022
	DOCUMENT # NAME STREET ADDRESS CITY+ST-ZIP	KLAPPER, BENJAMIN S. 575 LEXINGTON AVE. NEW YORK, NY 10022
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
ERE	DOCUMENT #  NAME  STREET ADDRESS  CITY+ST-ZIP	
E CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP	
STAPLE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

## DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filling 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:

F SIGNING GENERAL PARTNER

Benjamin S. Klapper,

413-0360

Daytime Phone #