

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06557

**FILED**  
**Jun 26, 2009**  
**Secretary of State**

**Entity Name:** PELICAN ASSOCIATES LIMITED PARTNERSHIP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 13-2948017      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: INGBER, SIDNEY  
Address: 575 LEXINGTON AVE.  
City-St-Zip: NEW YORK, NY 10022  
Document #:

Address:  
City-St-Zip:

Name: KLAPPER, BENJAMIN S.  
Address: 575 LEXINGTON AVE.  
City-St-Zip: NEW YORK, NY 10022

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BENJAMIN S, KLAPPER

GP

06/26/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date