

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -4 AM 8:56

DOCUMENT # A06992

1. Entity Name
HERFORD ASSOCIATES LIMITED PARTNERSHIP



Principal Place of Business
**C/O HAYS & COMPANY
477 MADISON AVE
NEW YORK, FL 10022**

Mailing Address
**C/O HAYS & COMPANY
477 MADISON AVE
NEW YORK, FL 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132005

Chg-LP

CR2E003 (10/03)

4. FEI Number

13-2961043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GORTZ, ALBERT W.
ONE BOCA PLACE
SUITE 340 W.
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

DATE

9. Capital Contributions
as Shown on record.

\$538,340.00

10. Amount of Capital Contributions
in FLORIDA to date.

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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-ZIP

**INGBER, SIDNEY
575 LEXINGTON AVE.
NEW YORK, NY 10022**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**600058534566
08/12/05--01051--005 **526.25**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**KLAPPER, BENJAMIN S
575 LEXINGTON AVE.
NEW YORK, NY 10022**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

7/22/05

203-413-0360

Date

Daytime Phone #

Mark L. Blaumann, Authorized Signatory

STAPLE CHECK HERE