


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06992</b> 1. Entity Name <b>HERFORD ASSOCIATES LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>C/O HAYS &amp; COMPANY 477 MADISON AVE NEW YORK FL 10022</b>	Mailing Address <b>C/O HAYS &amp; COMPANY 477 MADISON AVE NEW YORK FL 10022</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number <b>13-2961043</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GORTZ, ALBERT W. ONE BOCA PLACE SUITE 340 W. BOCA RATON FL 33431</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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.

03/03/06-80004-018 500.00

SIGNATURE	DATE
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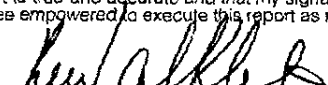
**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #		STREET ADDRESS	
NAME	<b>INGBER, SIDNEY</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>575 LEXINGTON AVE.</b>		
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		
DOCUMENT #		STREET ADDRESS	
NAME	<b>KLAPPER, BENJAMIN S</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>575 LEXINGTON AVE.</b>		
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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:**  **Benjamin S. Klapper** 2/21/06 212-750-5055