

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 22, 2007 08:00 AM
Secretary of State

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**



DO NOT WRITE IN THIS SPACE

01102007 No Chg-LP

CR2E003 (12/06)

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**

**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, 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.

000000597946
01/24/07-80056-012 500.00

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$800.00

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-ZIP
**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

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DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Sidney Ingber

Date

1/16/07

Daytime Phone #

203 443-0360