2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

FILED Feb 05, 2008 08:00 AN ate

		<i>y</i> 1, 2000			CC
DOCUMENT # A32474 1. Entity Name SENIOR CITIZEN VILLAGE ASSOCIATES, LTD.				Secretary of Sta	
Principal Plac ONE STOW R MARLTON, N		Mailing Address P.O. BOX 994 MARLTON, NJ 08053		 	
DO NOT WRITE IN THIS SPA			CE	01282008 No Chg-LP 4. FEI Number 22-3167964	CR2E003 (12/06) Applied For Not Applicable
				5. Certificate of Status Desired	S8.75 Additional Fee Required
PATTERSON, BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE, FL 32250			DO NOT WRITE IN THIS SPACE		
the obligat	named entity submits this statement for thitions of registered agent.	e purpose of changing its registe	red office or register	ed agent, or both, in the State of Flo	rida. I am familiar with, and accept
SIGNATURE Signature: typed or printed name of registered agent and title if applicable				DATE	
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 IN				
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P93000083871 SENIOR CITIZEN MICHAELS COR 1 STOW ROAD MARLTON, NJ 08053	Р.			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				U00000 02/14/08-	816157 80038-004 500.00
DOCUMENT * NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE IN THIS SPACE		
DOCUMENT # NAME STREET ADDRESS		1		IN THIS SEA	ACE

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 small 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: .

STAPLE CHECK HERE

CITY - ST - ZIP DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI