2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Feb 15, 2007 08:00 A Secretary of State

Due By May 1, 2007				Feb 15, 2007 08:		
DOCUMENT # B9700000654 1. Entity Name					Sec	retary of S
	SSOCIATES OF NEW JER	SEY, L.P.				
Principal Place 13 PRODUCT AVENEL, NJ		Mailing Address 13 PRODUCTION WAY AVENEL, NJ 07001				
			<u>.</u>			
DO NOT WRITE IN THIS SPACE			02082007_No.Chg-LP CR2E003 (12/06) 4. FEI Number Applied For			
				22-32631 5. Certificate of		Not Applicable \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	· [
CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324					NOT WRIT HIS SPAC	
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or both,	in the State of Florida. I at	n familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable					DATE	
	After May 1, 2	/!!! FEE IS \$500.00 007, Fee will be \$900.00				
	NOTE: General Partners MA	HAT IS A BUSINESS ENTITY M Y NOT be changed on the form				
12.	GENERAL PARTNER	INFORMATION				
DOCUMENT / NAME	SEGAL, BARRY					
STREET ADDRESS	13 PRODUCTION WAY					
CITY-ST-ZIP	AVENEL, NJ 07001					
DOCUMENT #						
NAME					U000006375	30
STREET ADDRESS CITY-ST-ZIP					02/26/07-8006	
DOCUMENT #						
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STREET ADDRESS				N. DU .	OT WRITE	-
CITY-ST-ZIP				IN TH	IIS SPACE	•
DOCUMENT / NAME				114 11	NO OI AOL	-
STREET ADDRESS						
CITY-ST-ZIP						,
DOCUMENT #						
NAME CIRCLI ADDRESS						
STREET ADDRESS CITY-ST-ZIP		į				

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: .

STAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

112/07

Daytime Phone #