


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B97000000654					
1. Entity Name SEGAL ASSOCIATES OF NEW JERSEY, L.P.					
Principal Place of Business 13 PRODUCTION WAY AVENEL, NJ 07001			Mailing Address 13 PRODUCTION WAY AVENEL, NJ 07001		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		10. Amount of Capital Contributions in FLORIDA to date.		11. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
\$765,625.00		\$8.75 Additional Fee Required		06082004 Chg-LP CR2E003 (10/03)	
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 # NAME STREET ADDRESS CITY-ST-ZIP	SEGAL, BARRY 13 PRODUCTION WAY AVENEL, NJ 07001		STREET ADDRESS CITY-ST-ZIP	800038739348 07/06/04--01029--024 **526.25	
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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: <i>Barry Segal</i>			Date: 6/14/04 Daytime Phone #		

FILED

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DEPT. OF REVENUE
 TALLAHASSEE, FLORIDA

MJM



06082004 Chg-LP CR2E003 (10/03) 6/22

4. FEI Number 22-3263138 Applied for Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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