

B97 0000000 654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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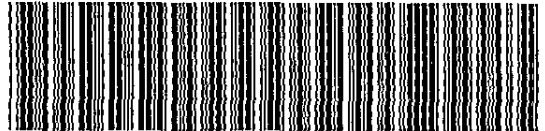
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## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SEGAL ASSOCIATES OF NEW JERSEY, LP  
(Name of Limited Partnership)

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARRY SEGAL  
(Name of Person)

SEGAL ASSOCIATES OF NEW JERSEY, LP  
(Firm/Company)

13 PRODUCTION WAY  
(Address)

AVENEL, NJ 07001  
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN BIUNNO at ( 732 ) 382-3400  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of Jersey SEGAL ASSOCIATES OF NEW JESERY, LP  
a (an) Limited Partnership, executed this  
supplemental affidavit filed pursuant to section 620.176, Florida Statutes. The total amount of  
the capital contributions of the limited partners allocated for the purpose of transacting  
business in Florida is: \$ 2,827,987.

Signed this 15TH day of APRIL, 2005.

**FURTHER AFFLIANT SAYETH NOT.**

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true,  
to the best of my knowledge and belief.*

General Partner  
Barry Segal

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TALLAHASSEE, FLORIDA

**FEES:**

\$7 per \$1,000 based on the additional contributions  
(Minimum \$52.50 - Maximum \$1,750.00)

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314