


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # B97000000654 1. Entity Name SEGAL ASSOCIATES OF NEW JERSEY, L.P.	
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Principal Place of Business 13 PRODUCTION WAY AVENEL, NJ 07001	Mailing Address 13 PRODUCTION WAY AVENEL, NJ 07001
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03062006 No Chg-LP

CR2ED03 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 22-3263138	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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

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 <u><i>Barry Segal</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>3/31/06</u>

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 INFORMATION	
DOCUMENT #	
NAME	SEGAL, BARRY
STREET ADDRESS	13 PRODUCTION WAY
CITY-ST-ZIP	AVENEL, NJ 07001
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000566196
05/26/06-80004-004 500.00

**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: <u><i>Barry Segal</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	DATE <u>3/31/06</u> <small>Date</small>	Daytime Phone # <u></u> <small>Daytime Phone #</small>
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STAPLE CHECK HERE