2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT-WRITE IN THIS-SPACE-

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED Jan 25, 2008 08:00 AM Secretary of State

DOCUMENT # B97000000654	DOC	Ü	MEN	VΤ	#	B97	700	000	206	54	1
-------------------------	-----	---	-----	----	---	------------	-----	-----	------------	----	---

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



01182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For Not Applicable 22-3263138 \$8.75 Additional

5. Certificate of Status Desired

Davime Phone #

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM % CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

STAPLE CHECK HERE

SIGNATURE:

DO NOT WRITE IN THIS SPACE

8. The above the obligation	named entity submits this statement for the purpose of changing its regions of registered agent	istered office or registered agent, or both, in the State of Florida. 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 \$900.0	0					
	A GENERAL PARTNER THAT IS A BUSINESS ENTI- NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.					
12.	GENERAL PARTNER INFORMATION						
DOCUMENT NAME STREET ADDRESS CITY-ST-ZIP	SEGAL, BARRY 13 PRODUCTION WAY AVENEL, NJ 07001						
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		01/28/08-80007-011 5 00.00					
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE					
DOCUMENT # NAME_ STREET ADDRESS CITY-ST-ZIP	en e	IN THIS SPACE					
DOCUMENT # NAME STREET ADDRESS CITY-S1-2IP							
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP							
14. I hereby of indicated or the rec	certily that the information supplied with this filing does not qualify for on this report is true and accordate and that my signature shall have the eiver or trustee empowered to execute this report as required by Chap	the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information same legal effect as if made under oath, that I am a General Partner of the limited partnership or 620, Florida Statutes					