


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A18861		
1. Entity Name ROOSEVELT ASSOCIATES, LTD.		

FILED
2004 APR 23 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

Principal Place of Business 1 EAST STOW ROAD MARLTON NJ 08053	Mailing Address 1 EAST STOW ROAD P.O. BOX 994 MARLTON NJ 08053
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 22-2577184	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
BOND, GUY 1800 FLORIDA NATIONAL TOWER 225 WATER ST. JACKSONVILLE FL 32202	

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1,482,010.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
NAME	LEVITT, MICHAEL J	CITY-ST-ZIP	
STREET ADDRESS	1 STOW RD		
CITY-ST-ZIP	MARLTON NJ		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	BARNES, HERBERT	CITY-ST-ZIP	
STREET ADDRESS	1352 EASTON RD		
CITY-ST-ZIP	WARRINGTON PA		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LEVINE, LEE A	CITY-ST-ZIP	
STREET ADDRESS	3030 ATLANTIC AVE		
CITY-ST-ZIP	ATLANTIC CITY NJ		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	STALLER, ALAN C	CITY-ST-ZIP	
STREET ADDRESS	3030 ATLANTIC AVE		
CITY-ST-ZIP	ATLANTIC CITY NJ		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	SKLAR, ARTHUR E	CITY-ST-ZIP	
STREET ADDRESS	3030 ATLANTIC AVE		
CITY-ST-ZIP	ATLANTIC CITY NJ		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	CHAN, PAUL T	CITY-ST-ZIP	
STREET ADDRESS	3030 ATLANTIC AVE		
CITY-ST-ZIP	ATLANTIC CITY NJ		

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STAPLE CHECK HERE

14. 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:  *Gen Partner* 4/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #