


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A18861</b> 1. Entity Name ROOSEVELT ASSOCIATES, LTD.					
Principal Place of Business 1 EAST STOW ROAD MARLTON, NJ 08053			Mailing Address 1 EAST STOW ROAD P.O. BOX 994 MARLTON, NJ 08053		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>22-2577184</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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	
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				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record, <b>\$1,482,010.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	LEVITT, MICHAEL J		CITY-ST-ZIP		
STREET ADDRESS	1 STOW RD		CITY-ST-ZIP		
CITY-ST-ZIP	MARLTON, NJ		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BARNES, HERBERT		CITY-ST-ZIP		
STREET ADDRESS	1352 EASTON RD		CITY-ST-ZIP		
CITY-ST-ZIP	WARRINGTON, PA		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	LEVINE, LEE A		CITY-ST-ZIP		
STREET ADDRESS	3030 ATLANTIC AVE		CITY-ST-ZIP		
CITY-ST-ZIP	ATLANTIC CITY, NJ		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	STALLER, ALAN C		CITY-ST-ZIP		
STREET ADDRESS	3030 ATLANTIC AVE		CITY-ST-ZIP		
CITY-ST-ZIP	ATLANTIC CITY, NJ		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SKLAR, ARTHUR E		CITY-ST-ZIP		
STREET ADDRESS	3030 ATLANTIC AVE		CITY-ST-ZIP		
CITY-ST-ZIP	ATLANTIC CITY, NJ		CITY-ST-ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	CHAN, PAUL T		CITY-ST-ZIP		
STREET ADDRESS	3030 ATLANTIC AVE		CITY-ST-ZIP		
CITY-ST-ZIP	ATLANTIC CITY, NJ		CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
<b>SIGNATURE:</b> _____ <b>2/4/03 General Partner</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

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