


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A18861	
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
DO NOT WRITE IN THIS SPACE	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 2:09



07092007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 22-2577184	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent BOND, GUY 1800 FLORIDA NATIONAL TOWER 225 WATER ST. JACKSONVILLE, FL 32202
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**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 _____

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

DATE _____

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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	LEVITT, MICHAEL J
STREET ADDRESS	1 STOW RD
CITY-ST-ZIP	MARLTON, NJ
DOCUMENT #	
NAME	BARNES, HERBERT
STREET ADDRESS	1352 EASTON RD
CITY-ST-ZIP	WARRINGTON, PA
DOCUMENT #	
NAME	LEVINE, LEE A
STREET ADDRESS	3030 ATLANTIC AVE
CITY-ST-ZIP	ATLANTIC CITY, NJ
DOCUMENT #	
NAME	STALLER, ALAN C
STREET ADDRESS	3030 ATLANTIC AVE
CITY-ST-ZIP	ATLANTIC CITY, NJ
DOCUMENT #	
NAME	SKLAR, ARTHUR E
STREET ADDRESS	3030 ATLANTIC AVE
CITY-ST-ZIP	ATLANTIC CITY, NJ
DOCUMENT #	
NAME	CHAN, PAUL T
STREET ADDRESS	3030 ATLANTIC AVE
CITY-ST-ZIP	ATLANTIC CITY, NJ

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07/20/07--01032--011 **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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

7/10/07 (856) 596-0500