

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Feb 05, 2008 08:00 AM**  
**Secretary of State**

**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



01282008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

22-2577184

Applied For

Not Applicable

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

**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**  
**After May 1, 2008, 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  
STREET ADDRESS  
CITY - ST - ZIP  
LEVITT, MICHAEL J  
1 STOW RD  
MARLTON, NJ

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
BARNES, HERBERT  
1352 EASTON RD  
WARRINGTON, PA

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
LEVINE, LEE A  
3030 ATLANTIC AVE  
ATLANTIC CITY, NJ

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
STALLER, ALAN C  
3030 ATLANTIC AVE  
ATLANTIC CITY, NJ

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SKLAR, ARTHUR E  
3030 ATLANTIC AVE  
ATLANTIC CITY, NJ

DOCUMENT #

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CHAN, PAUL T  
3030 ATLANTIC AVE  
ATLANTIC CITY, NJ

U00000816158  
02/14/08-80038-005 500.00

**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

STAPLE CHECK HERE