

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A14445</b> 1. Entity Name LIVE OAKS REALTY ASSOCIATES, LTD.		 <b>FILED</b> APR 20 PM 3:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business C/O KELLOGG PROPERTIES, INC. 40 WEST 57TH STREET NEW YORK, NY 10019 4001		Mailing Address C/O KELLOGG PROPERTIES, INC. 40 WEST 57TH STREET NEW YORK, NY 10019 400T	
2. Principal Place of Business 7 West 51 <sup>st</sup> Street Suite, Apt. #, etc. 5 <sup>th</sup> Floor City & State New York, NY Zip 10019-6910 Country		3. Mailing Address 7 West 51 <sup>st</sup> Street Suite, Apt. #, etc. 5 <sup>th</sup> Floor City & State New York, NY Zip 10019-6910 Country	
6. Name and Address of Current Registered Agent STEIGEL, DEBBIE 2515 SHADER ROAD SUITE 5 ORLANDO, FL 32805-2766		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record: <b>\$3,131,100.00</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 #	855470	STREET ADDRESS	
NAME	KELLOGG PARTNERS	CITY-ST-ZIP	
STREET ADDRESS	40 W. 57TH ST.		
CITY-ST-ZIP	NEW YORK, NY		
DOCUMENT #	F93000002359	STREET ADDRESS	
NAME	H.R.M. REALTY, INC.	CITY-ST-ZIP	
STREET ADDRESS	2515 SHADER ROAD		
CITY-ST-ZIP	ORLANDO, FL 32804		
DOCUMENT #		STREET ADDRESS	
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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:		DAVID S. KLEGER 4-12-04 (212) 586 6756	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	