

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A14445

1. Entity Name

LIVE OAKS REALTY ASSOCIATES, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 17 AM 10:59

Principal Place of Business

7 WEST 51ST STREET 5TH FL
NEW YORK NY 10019-6910

Mailing Address

7 WEST 51ST STREET 5TH FL
NEW YORK NY 10019-6910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2303408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEIGEL, DEBBIE
2515 SHADER ROAD
SUITE 5
ORLANDO FL 32805-2766

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

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

DATE

9. Capital Contributions
as Shown on record.

\$3,131,100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005
See Block 11 instructions for fee info.

**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 # 855470
NAME KELLOGG PARTNERS
STREET ADDRESS 40 W. 57TH ST.
CITY-ST-ZIP NEW YORK NY

DOCUMENT # F93000002359
NAME H.R.M. REALTY, INC.
STREET ADDRESS 2515 SHADER ROAD
CITY-ST-ZIP ORLANDO FL 32804

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200049104262
03/24/05--01050--007 **150.00
200049104262
03/24/05--01050--008 **376.25

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:

DKK Ryan, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-17-05 212-586 6756

Date

Daytime Phone #

STAPLE CHECK HERE