

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR 17 AM 10:20

DOCUMENT # A14445

1. Entity Name
 LIVE OAKS REALTY ASSOCIATES, LTD.



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

02092006 Chg-LP CR2E003 (11/05)

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS 7 West 51st Street 5th FL
 CITY-ST-ZIP New York, NY 10019-6910

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

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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

3-2-06
 Date

212 586 6756
 Daytime Phone #

STATE CHECK HERE