


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT #A14445 1. Entity Name LIVE OAKS REALTY ASSOCIATES, LTD.	
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FILED
 07 FEB 19 AM 9:40
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-2303408	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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
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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 2-5-07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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	STREET ADDRESS	
NAME	KELLOGG PARTNERS	CITY-ST-ZIP	
STREET ADDRESS	7 WEST 51ST STREET 5TH FL		
CITY-ST-ZIP	NEW YORK, NY 100196910		
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	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

200089031337
 02/23/07--01009--001 **500.00

STAPLE CHECK HERE

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:  1-26-07 212 586-6756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone *