2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT, # A16170 1. Entity Name ORLANDO SHADER REALTY ASSOCIATES, LTD.							SECRETARY OF STATE DIVISION OF CORPORATIONS		5094 AT
Principal Place of Business 2515 SHADER ROAD ORLANDO FL 32804 2. Principal Place of Business				O KELLOGG PROPERT WEST 57TH STREET WYORK NY 10019	IES			2 JAN 29 AM 10: 22	
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2002		
City & State				ity & State			4. FEI Number Applied For Not Applicable		
Zip	Zip Country			Zip .		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Regist	ered Agent			7. Name and A	ddress of New Registered Agent	
						Name			
KELLOGG PROPERTIES, INC. % DEBBIE STIEGEL						Street Address (P.O. Box Number is Not Acceptable)			
2515 SHADER RD									
ORLANDO FL 32804						City	· · · · · · · · · · · · · · · · · · ·	FL Zip Code	
Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the fi								11. MAKE CHECK PAYABLE TO DEPT. OF SEE REVERSE SIDE FOR FEE INFORM	
12.		GENERAL PARTNER			13.			ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	KELLOGG PARTNERS				İ	EET ADDRESS (-ST-ZIP			
DOCUMENT #	F930000	02359			STR	EET ADDRESS	30	00004882973-	CR2E003 (9/01)
NAME STREET ADDRESS CITY-ST-ZIP		ALTY INC ADER ROAD O.FL.32804		and the second	CITY	Y-ST-ZIP		82/86/82 81838 81 ****526.25 ****526	8
DOCUMENT # NAME	P970000				STR	EET ADDRESS			
STREET ADDRESS CITY+ST-ZIP		ADER ROAD O FL 32804			CITA	Y-ST-ZIP			
DOCUMENT # NAME					STR	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP					CITY	Y-ST-ZIP			
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STREET ADDRESS CITY-ST-ZIP	Ŋ_					Y-ST-ZIP .			
DOCUMENT # NAME					STR	REET ADDRESS			
STREET ADDRESS CITY-ST-ZIP						Y-ST-ZIP		Clarida Chabridge 6 mb	rmation
14. Thereby o	certify that th	ne information supplied with	n thìs fi	ling does not qualify fo	or the exe	emption stated in	Section 119.07(3)(i)	, Florida Statutes. I further certify that the info	minauott

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: _

(2/2)586-6756