2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATION

DOCUMENT # A16170  1. Entity Name ORLANDO SHADER REALTY ASSOCIATES, LTD.					DIVISION OF CORPORATIONS  05 MAR 17 AM 10: 58
Principal Place of Business C/O KELLOGG PROPERTIES, INC 7 WEST 51ST ST., 5TH FLOOR NEW YORK, NY 10019-6910 Mailing Address C/O KELLOGG PROPER 7 WEST 51ST ST., 5TH NEW YORK, NY 10019-6910 NEW YORK, NY 10019			I FLOOR		
Principal Place of Business     3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01032005 Chg-LP CR2E003 (10/03)
City & State		City & State			4. FEI Number         Applied For           59-2352426         Not Applicable
Zip	Country	Zip. 🚁	. Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required.
Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent
KELLOGG PROPERTIES, INC. % DEBBIE STIEGEL 2515 SHADER RD ORLANDO, FL 32804				Street Address	(P.O. Box Number is Not Acceptable)
				City	FL Zip Code
9. Capital Contributions as Shown on record. \$3,537,868.00  10. Amount of Capital Contributions in FLORIDA to date.  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 G93160900006	RINFORMATION	13.		ADDRESS CHANGES ONLY
NAME STREET ADDRESS CITY-ST-ZIP	KELLOGG PARTNERS 7 WEST 51ST STREET, 5TH FLO	DOR		Y-ST-ZIP	
DOCUMENT #	F93000002359		STR	REET ADDRESS	
STREET ADDRESS	2515 SHADER ROAD -GREANDO: FL-32804		CIT	Y-ST-ZIP	
DOCUMENT / P97000058038  NAME SHADER INDUSTRIAL CORP.			SIR	EET ADORESS	
STREET ADDRESS CITY-ST-ZIP	2515 SHADER ROAD ORLANDO, FL 32804	<u>.</u> • •	CIT	Y-ST-ZIP	
DOCUMENT / NAME			STR	REET ADDRESS	000049104510
STREET ADDRESS CITY-ST-ZIP			СІТ	Y-ST-ZIP	000049104510 02/24/0501050010 **150 00
DOCUMENT #			STR	REET ADDRESS	03/2// 00 01000 010 444100.00
- STREET ADDRESS - CITY-ST-ZIP			CIT	Y-ST-ZIP	
DUCUMENT / NAME			STF	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP				Y-ST-ZIP	
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					

Q-17-05

212 586 6756 Daytime Phone