

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A18059**

1. Entity Name

SOUTH FLORIDA REALTY ASSOCIATES, LTD.

FILED

00 JAN 18 PM 2:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**% KELLOGG PROPERTIES
 2515 SHADES RD., SUITE 5
 ORLANDO FL 32804**

Mailing Address
**% KELLOGG PROPERTIES
 40 W. 57TH STREET
 NEW YORK NY 10019-4001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3245807**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Handwritten: Agent
**ABOIN, DEBBIE
 % KELLOGG PROPERTIES
 2515 SHADES RD., SUITE 5
 ORLANDO FL 32804**

7. Name and Address of New Registered Agent

Name **Debbie Stiegel**
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$1,809,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	NAME	STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
G93195000052	KELLOGG PARTNERS 84	40 WEST 57TH STREET	NEW YORK NY		
G22397	H.R.M. REALTY, INC.	40 WEST 57TH STREET	NEW YORK NY	<i>cp Kellogg Properties, Inc</i> 2515 Shades Rd.	<i>Orlando, FL 32804</i>

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Handwritten Signature: David S. Kleger
David S. Kleger

Date

Daytime Phone #

Handwritten: 212
5866756