

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A18059

1. Entity Name

SOUTH FLORIDA REALTY ASSOCIATES, LTD.

FILED

01 JAN 24 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% KELLOGG PROPERTIES  
2515 SHADES RD., SUITE 5  
ORLANDO FL 32804

% KELLOGG PROPERTIES  
40 W. 57TH STREET  
NEW YORK NY 10019

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

7. Name and Address of New Registered Agent

STIEGEL, DEBBIE  
% KELLOGG PROPERTIES  
2515 SHADES RD., SUITE 5  
ORLANDO FL 32804

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.

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 # G93195000052  
NAME KELLOGG PARTNERS 84  
STREET ADDRESS 40 WEST 57TH STREET  
CITY-ST-ZIP NEW YORK NY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # G22397  
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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200003602382--6  
-01/30/01--01111--002  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

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

DAVID S. KLEGER, PRES.

Date

Daytime Phone #

1/12/01

212 586 6756

CR2E003 (11/00)

0015658 AF