

2002 UNIFORM BUSINESS REPORT (UBR)

0005084 AT

DOCUMENT # A18059

1. Entity Name

SOUTH FLORIDA REALTY ASSOCIATES, LTD.

FILED

02 MAR 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

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.

DUE BY MAY 1, 2002

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

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

300005169029--6

03/26/02 01044 012

******526.25 ****526.25**

DOCUMENT # _____
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CITY-ST-ZIP _____

STREET ADDRESS

CITY-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

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/18/02

(212) 586-6756

Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE