


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**FILED  
Apr 15, 2004 08:00 AM  
Secretary of State**

<b>DOCUMENT # A18059</b>			
1. Entity Name SOUTH FLORIDA REALTY ASSOCIATES, LTD.		Principal Place of Business % KELLOGG PROPERTIES 2515 SHADES RD., SUITE 5 ORLANDO FL 32804	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address 7 WEST 51ST STREET 5TH FLOOR NEW YORK NY 10019-6910	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  STIEGEL, DEBBIE % KELLOGG PROPERTIES 2515 SHADES RD., SUITE 5 ORLANDO FL 32804		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>		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 FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G93195000052	STREET ADDRESS	
NAME	KELLOGG PARTNERS 84	CITY-ST-ZIP	
STREET ADDRESS	7 WES 51ST STREET 5TH FLOOR		
CITY-ST-ZIP	NEW YORK NY 10019-6910		
DOCUMENT #	G22397	STREET ADDRESS	
NAME	H.R.M. REALTY, INC.	CITY-ST-ZIP	
STREET ADDRESS	2515 SHADER ROAD		
CITY-ST-ZIP	ORLANDO FL 32804		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			



MOORE CR2E003 (11/03)

4. FEI Number **13-3245807** Applied For  Not Applicable

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

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

STAPLE CHECK HERE

**SIGNATURE:** DAVID S. KLEGER **DAVID S. KLEGER** 4-8-04 212-586-6756  
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #