



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

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

DOCUMENT # A18059 1. Entity Name SOUTH FLORIDA REALTY ASSOCIATES, LTD.			
Principal Place of Business % KELLOGG PROPERTIES 2515 SHADES RD., SUITE 5 ORLANDO FL 32804		Mailing Address 7 WEST 51ST STREET 5TH FLOOR NEW YORK NY 10019-6910	
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.	
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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>			
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			
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	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		
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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:  DAVID S. KLEGER		Date: 4-8-04 Daytime Phone #: 212-586-6756	



MOORE CR2E003 (11/03)

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

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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STAPLE CHECK HERE