2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

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SIGNATURE: _

Mar 23, 2005 08:00 AM DOCUMENT # A18059 **Secretary of State** 1. Entity Name SOUTH FLORIDA REALTY ASSOCIATES, LTD. Principal Place of Business Mailing Address 7 WEST 51ST STREET 5TH FLOOR NEW YORK NY 10019-6910 % KELLOGG PROPERTIES 2515 SHADES RD., SUITE 5 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1ST MOORE CR2E003 (10/04) City & State City & State 4. FE! Number Applied For 13-3245807 Not Applicable Country Zip Country Zıp \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STIEGEL, DEBBIE % KELLOGG PROPERTIES Street Address (P.O. Box Number is Not Acceptable) 2515 SHADES RD., SUITE 5 ORLANDO FL 32804 Zip Code FL The above name tientity 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. 11. FILE NOW!!! Due by May 1, 2005. SIGNATURE -See Block 11 instructions for fee info. yped or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$1,809,000.00 as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. G93195000052 DOCUMENT # STREET ADDRESS **KELLOGG PARTNERS 84** NAME STREET ADDRESS 7 WES 51ST STREET 5TH FLOOR CITY-ST-7IP NEW YORK NY 10019-6910 CITY ST-ZIP DOCUMENT # STREET ADDRESS H.R.M. REALTY, INC. STREET ADDRESS 2515 SHADER ROAD CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32804 DOCUMENT # STREET ADDRESS U00000273769 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS COY-ST-ZIP CITY-SI-ZIP GOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. Thereby certify that the information supplied with this filling 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

FILED

7: 05 212 586-6756
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