


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

**FILED
Mar 23, 2005 08:00 AM
Secretary of State**

DOCUMENT # A18059 1. Entity Name SOUTH FLORIDA REALTY ASSOCIATES, LTD.	
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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
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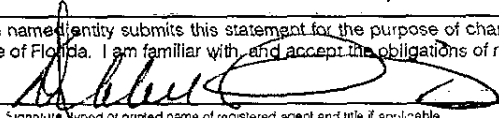
1ST MOORE CR2E003 (10/04)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-3245807	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
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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 _____

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

**11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.**

9. Capital Contributions as Shown on record. \$1,809,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	
DOCUMENT #	G93195000052
NAME	KELLOGG PARTNERS 84
STREET ADDRESS	7 WES 51ST STREET 5TH FLOOR
CITY - ST - ZIP	NEW YORK NY 10019-6910
DOCUMENT #	G22397
NAME	H.R.M. REALTY, INC.
STREET ADDRESS	2515 SHADER ROAD
CITY - ST - ZIP	ORLANDO FL 32804
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	U00000273769
CITY - ST - ZIP	03/23/05 98041 007 526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

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:  DATE: 2-17-05 DAYTIME PHONE #: 212-586-6756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER