


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

**FILED
Mar 06, 2006 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 13-3245807	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. 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	
				State 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: 03/15/06-80064-011 500.00	



1st MOORE CR2E003 (10/05)
Applied For
Not Applicable

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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 exemptions contained in Chapter 119, 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: *H. Kellogg, Pres* 3-2-06 212 586 6756