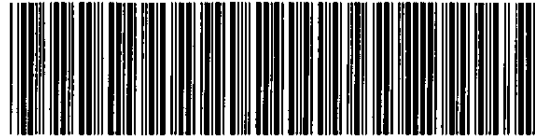


**A18059**



**700128505517**

05/08/08--01029--024 \*\*61.25

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

**L. SELLERS**  
JUN - 6 2008  
**EXAMINER**

Office Use Only

2008 MAY - 8 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: South Florida Realty Associates, LTD.  
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

David S. Kleger  
(Contact Person)  
HRM Realty Inc.  
(Firm/Company)  
7 W. 51<sup>st</sup> Fifth floor  
(Address)  
New York, NY 10019  
(City, State and Zip Code)

For further information concerning this matter, please call:

Steven M. Kiel at ( 212 ) 586-6756  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status: *privately mailed*
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 12, 2008

DAVID KLEGER  
7 W. 51ST STREET, 5TH FLOOR  
NEW YORK, NY 10019

SUBJECT: SOUTH FLORIDA REALTY ASSOCIATES, LTD.  
Ref. Number: A18059

We have received your document for SOUTH FLORIDA REALTY ASSOCIATES, LTD. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a limited liability company, but your entity is a limited partnership. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 508A00030170

**CERTIFICATE OF AMENDMENT  
TO  
CERTIFICATE OF LIMITED PARTNERSHIP  
OF**

South Florida Realty Associates, Ltd.

(Insert name currently on file with Florida Department of State)

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on October 15, 1984, assigned Florida document number A 18059, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:**

\_\_\_\_\_  
(New name must be distinguishable and contain an acceptable suffix.)

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.*

*Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

**B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:**

New Principal Office Address:

(Must be STREET address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Mailing Address:

(May be post office box)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

(Enter Florida street address)

\_\_\_\_\_, Florida \_\_\_\_\_

(City)

(Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

(If Changing Registered Agent, Signature of New Registered Agent)

**D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:**

| <u>Title</u> | <u>Name</u>         | <u>Address</u>   | <u>Type of Action</u>  |
|--------------|---------------------|--|--|
| G.P          | Kellogg Partners 84 | % Kellogg Properties Inc<br>7 W. 51 <sup>st</sup> Street 5 <sup>th</sup> fl.<br>New York, NY 10019 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| _____        | _____               | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____               | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____               | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
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| _____        | _____               | _____  | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

2008 MAY -8 AM 11:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

FILED

**E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:**

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

**(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)**

F. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

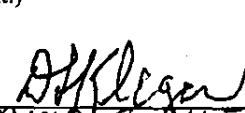
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Effective date, if other than the date of filing: May 8, 2008  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Signature(s) of a general partner or all general partners\*:**

(\*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

H. R. M Realty Inc

  
BY: DAVID S. RIEGER, Pres.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature(s) of all new or dissociating general partner(s), if any:**

Kellogg Partners 84

  
BY: DAVID J. ALPERT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

**FILED**  
2008 MAY -8 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA