

2002 UNIFORM BUSINESS REPORT (UBR)

0005084 AT

DOCUMENT # A18059

1. Entity Name

SOUTH FLORIDA REALTY ASSOCIATES, LTD.

FILED

02 MAR 18 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business % KELLOGG PROPERTIES 2515 SHADES RD., SUITE 5 ORLANDO FL 32804	Mailing Address % KELLOGG PROPERTIES 40 W. 57TH STREET NEW YORK NY 10019
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number 13-3245807	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 _____

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	40 WEST 57TH STREET
CITY-ST-ZIP	NEW YORK NY
DOCUMENT #	G22397
NAME	H.R.M. REALTY, INC.
STREET ADDRESS	2515 SHADER ROAD
CITY-ST-ZIP	ORLANDO FL 32804

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005169029--6
CITY-ST-ZIP	03/26/02 01044 012
STREET ADDRESS	****526.25 ****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Stiegel* **1/18/02** **(212) 586-6756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE