FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 17 AM 11:11

1. Name of Limited Partnership

1a. DOCUMENT # A20040

SES GROUP - EL CAMINO REAL, LTD.

12/23

Mailing Address	Principal Office Address
~~9330 FONTAINEBLEAU BLVD.~~ ~~P.O. BOX 52-6248~~ MIAMI FL ~~33152~~	~~9330~~ FONTAINEBLEAU BLVD. ~~P.O. BOX 52-6248~~ MIAMI FL ~~33152~~

3. Date Formed or Registered: 05/30/1985
3a. Date of Last Report: 12/23/1997
4. State or Country of Formation:
5a. Capital Contributions as Shown on record: $100.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
P.O. Box 56-1108	9460 Fontainebleau Blvd FL
Suite, Apt. #, etc.	Suite, Apt. #, etc. Leasing Office
City & State	City & State
Zip 33256-1108 Country	Zip 33172 Country

6. FEI Number: 59-2691998 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
SIMON, GARY 9100 S DADELAND BLVD. #504 MIAMI FL 33156	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
JONES, ROBERT C.	~~620 ARVIDA PARKWAY~~ 9460 Fontainebleau Blvd	~~DK MIAMI FL~~ 33172	500002724025--3 -12/28/98--01140--014 ****141.25 ****141.25

CR2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robert C. Jones DATE 10-1-98

Typed or Printed Name of General Partner Signing Form Robert C. Jones Daytime Telephone Number 305-223-1602

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