2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

01 MAY -1 PM 6:52

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0006855 AF

DOCUMENT # A20040

1. Entity Name

SES GROUP - EL CAMINO REAL, LTD.

Principal Place of Business	Mailing Address
9460 FONTAINEBLEAU BLVD. LEASING OFFICE MIAMI FL 33172	PO BOX 26-7775 WESTON FL 33326

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1794 Victoria Pt Cir	PO Box 2474
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston FL	City & State: Naples FL
Zip: 33327 / Country:	Zip: 34106 / Country:

4. FEI Number 59-2691998 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMON, GARY
9100 S DADELAND BLVD.
#504
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name: Melissa Rice

Street Address (P.O. Box Number is Not Acceptable): 1794 Victoria Pt Cir

City: Weston FL Zip Code: 33327

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: [signature] [signature] 4-20-01

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $100.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	JONES, ROBERT C. 9460 FONTAINEBLEAU BLVD. MIAMI FL 33172	STREET ADDRESS / CITY-ST-ZIP	PO Box 2474 Naples FL 34106
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	900004287679--8 -05/22/01--01090--007 ****141.25 ****141.25
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CR2E003 (11/00)

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: [signature] (SIGNATURE REQUIRED)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #