

141.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

0019373 AB

DOCUMENT # **A22901**

FILED

1. Entity Name  
**SES GROUP - GRANADA ASSOCIATES, LTD.**

02 MAY -1 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>P.O. BOX 560956<br>MIAMI FL 33256-0956 | Mailing Address<br>P.O. BOX 560956<br>MIAMI FL 33256-0956 |
|---|---|



|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

DUE BY MAY 1, 2002

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-2815144</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AVERBACHER, MARK S**  
**2699 SO. BAYSHORE DRIVE, 7TH FLOOR**  
**MIAMI FL 33133**

|  |
|--|
| 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. **\$200.00**

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 #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CLANCEY, PETER J.</b><br><b>16921 S.W. 80TH COURT</b><br><b>MIAMI FL 33158</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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|                |                              |
|----------------|------------------------------|
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| STREET ADDRESS | <b>100005554241--8</b>       |
| CITY-ST-ZIP    | <b>-05/16/02--01021--025</b> |
|                | <b>***141.25 ***141.25</b>   |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |
| STREET ADDRESS |                              |
| CITY-ST-ZIP    |                              |

CR2E003 (9/01)

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: **Partner** **4/26/02** **(305) 235-4777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE