
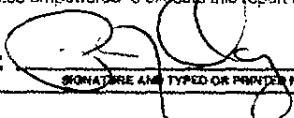


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FILED

Apr 29, 2004 08:00 AM  
Secretary of State

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A22901</b>					
1. Entity Name <b>SES GROUP - GRANADA ASSOCIATES, LTD.</b>					
Principal Place of Business <b>P.O. BOX 560956 MIAMI, FL 33256-0956</b>			Mailing Address <b>P.O. BOX 560956 MIAMI, FL 33256-0956</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		04272004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-2815144</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>AVERBACHER, MARK S 2699 SO. BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$200.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
	<b>CLANCEY, PETER J.</b>				
STREET ADDRESS	<b>16921 S.W. 80TH COURT</b>		CITY-ST-ZIP		
CITY-ST-ZIP	<b>MIAMI, FL 33158</b>			1000000157052 05/06/04-90010-023 141.25	
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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: 			Peter J. Clancey		4/26/04 (39) 235-4713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE