


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 4, 2005**

**FILED**  
May 06, 2005 08:00 AM  
Secretary of State

**DOCUMENT # A22901**  
1. Entity Name  
SES GROUP - GRANADA ASSOCIATES, LTD.



Principal Place of Business      Mailing Address  
P.O. BOX 560956      P.O. BOX 560956  
MIAMI, FL 33256-0956      MIAMI, FL 33256-0956

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country



04262005    Chg-LP    CR2E003 (10/03)

**8. Name and Address of Current Registered Agent**  
AVERBACHER, MARK S  
2699 SO. BAYSHORE DRIVE, 7TH FLOOR  
MIAMI, FL 33133

4. FEI Number  
**59-2815144**      Applied For  
Not Applicable

5. Certificate of Status Desired            \$8.75 Additional  
Fees Required

**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. I am familiar with, and accept the obligations of registered agent.

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.

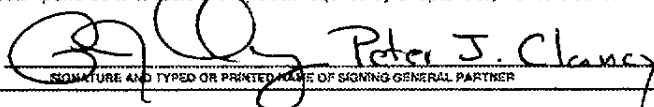
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	CLANCEY, PETER J.	STREET ADDRESS	
NAME	16921 S.W. 80TH COURT	CITY-ST-ZIP	
STREET ADDRESS	MIAMI, FL 33158		
CITY-ST-ZIP			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. I, as 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. Clancy      4/25/05      (305) 235-4113  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Telephone #