
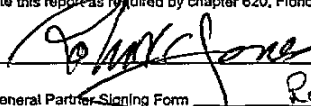


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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 11:07	
1. Name of Limited Partnership SES GROUP - PACKWOOD, LTD.		1a. DOCUMENT # A05088			
Mailing Address 9930 FONTAINEBLEAU BLVD. 2ND FLOOR MIAMI FL 33172		Principal Office Address 9930 FONTAINEBLEAU BLVD. 2ND FLOOR MIAMI FL 33172		3. Date Formed or Registered 06/30/1976 3a. Date of Last Report 12/16/1997 4. State or Country of Formation FL	
2. Mailing Address P.O. Box 56-1108 Suite, Apt. #, etc. City & State Zip Country 33256-1108		2a. Principal Office Address 9460 Fontainebleau Blvd Suite, Apt. #, etc. Leading Office City & State Zip Country		5a. Capital Contributions as Shown on record. \$527,000.00 5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. FEI Number 59-1729900 7. Certificate of Status Desired <input type="checkbox"/> \$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 SIMON, GARY 9100 S DADELAND BLVD. #504 MIAMI FL 33156			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 508882723105 Suite, Apt. #, etc. -12/28/98-01060-024 City ***526.25 FL ***526.25		
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) JONES, ROBERT C.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 620 ARVIDA PARKWAY 9460 Fontainebleau Blvd		11b. City, State & Zip Code GORAL CABLES FL Miami, FL 33172	
11c. Registration/Document Number		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  DATE 10-1-98 Typed or Printed Name of General Partner Signing Form Robert C. Jones Daytime Telephone Number 305-223-1602					

CR2E003 (8/98)