
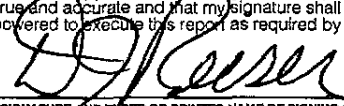


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06051</b> 1. Entity Name <b>SES GROUP-WINDEMERE, LTD.</b>					
Principal Place of Business <b>360 S. WYMORE ROAD</b> <b>ALTAMONTE SPRINGS, FL 32714</b>			Mailing Address <b>360 S. WYMORE ROAD</b> <b>ALTAMONTE SPRINGS, FL 32714</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02272004    Chg-LP    CR2E003 (10/03)	
4. FEI Number <b>59-1786300</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CROWLEY, WILLIAM F JR.</b> <b>360 S. WYMORE ROAD</b> <b>ALTAMONTE SPRINGS, FL, FL 32714</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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>\$716,000.00</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>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	REESER, DENNIS I		CITY-ST-ZIP		
STREET ADDRESS	253 HAMPDEN PLACE				
CITY-ST-ZIP	WINTER PARK, FL				
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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)(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; 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.					
<b>SIGNATURE:</b> 			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					



02272004    Chg-LP    CR2E003 (10/03)

4. FEI Number  
**59-1786300**    Applied For  
☐ Not Applicable

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

**CROWLEY, WILLIAM F JR.**  
**360 S. WYMORE ROAD**  
**ALTAMONTE SPRINGS, FL, FL 32714**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  

**FL**
Zip Code

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**SIGNATURE:**     Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE