


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Mar 15, 2007 08:00 AM
Secretary of State**

DOCUMENT # A06051 1. Entity Name SES GROUP-WINDEMERE, LTD.	
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Principal Place of Business 360 S. WYMORE ROAD ALTAMONTE SPRINGS, FL 32714	Mailing Address 360 S. WYMORE ROAD ALTAMONTE SPRINGS, FL 32714
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DO NOT WRITE IN THIS SPACE



01112007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1786300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	REESER, DENNIS I 253 HAMPDEN PLACE WINTER PARK, FL
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03/27/07-80021-012 500.00

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IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *D. Reaser* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____