
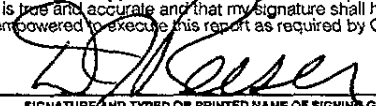


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A13512 1. Entity Name SES GROUP - MAITLAND SHORES, LTD.					
Principal Place of Business 360 S. WYMORE ROAD ALTAMONTE SPRINGS, FL 32714			Mailing Address 360 S. WYMORE ROAD ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2267952	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CROWLEYR, WILLIAM F JR 360 S. WYMORE ROAD ALTAMONTE SPRINGS, FL 32714				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE	
9. Capital Contributions as Shown on record. \$1,200,000.00				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 #	NAME		STREET ADDRESS		
NAME	REESER, DENNIS I		CITY - ST - ZIP		
STREET ADDRESS	253 HAMPDEN PLACE				
CITY - ST - ZIP	WINTER PARK, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	K76712		CITY - ST - ZIP		
STREET ADDRESS	S.P.I.C. CORPORATION				
CITY - ST - ZIP	360 S. WYMORE ROAD				
	ALTAMONTE SPRINGS, FL				
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
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CITY - ST - ZIP					
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS					
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: 			DATE		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		



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