FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1997



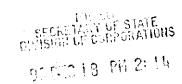
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Socretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

. DOCUMENT # Δ15321





		AIDOZI				
SES GROUP-FONTAINEBLEAU PARK, LTD.						
P.O. BOX 52-6246 P.O. MIAMI FL 33152 MIAM		Principal Office Address P.O. BOX 52-6248 MIAMI FL 33152		3. Date Formed or Registered 09/19/1983 3a. Date of Last Report 12/11/1995	5a. Capital Contributions as Shown on record \$3,800,000.00 5b. Amount of Capital Contributions in FLORIDA	
		2a. Principal Office Address	Principal Office Address		to date	
Suite, Apt. #, etc.		Suite, Apt. #, etc			Applied For Not Applicable	
City & State		City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zıp	Country	Zip	Country		Fee Required	
				О. маке спеск рауапів то Dept. о	f State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
			Street Address (P.O. Box Number Is Not Acceptable) Suita, Apt. #, etc City Tup Code amed limited partnership organized or registered under the laws of the State of Fiorida, submits this statement (Florida, Such change was authorized by its general partner(s). Thereby accept the appointment of registered.			
SIGNATURE (Registered Age	PARTNER TH	OT IS A CORPORATION, JST BE REGISTERED AN	LIMITED PAI	RTNERSHIP OR OTHE VITH THIS OFFICE.		
11. Name(s) of Gener	ral Partner(s)	Address of Each Gene	ral Partner Box Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	
Jones, Robert	C.	620 ARVIDA PKWY.		CORAL GABLES FL		
CLANCY, PETER .	J.	13600 S.W. 79TH COU	RT	MIAMI FL 3000021 -12/27 ****5	0391634 /9601050008 76.25 ****576.25	

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 trial the information supplied with tris filing is voluntarily furnished and does not qualfy for the exemption stated in Section 119 07(3)(k). Florida Statutes Trolease the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is decried 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 propried by chapte 620, Florida Statutes

SIGNATURE . /

Typed or Printed Name of General Partner Signing Form

DATE: 11/21/96

Daytime Telephone Number