

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 11:04

1. Name of Limited Partnership	1a. DOCUMENT # A15321
SES GROUP-FONTAINEBLEAU PARK, LTD.	



12/23

Mailing Address P.O. BOX 52-6248 MIAMI FL 33152	Principal Office Address P.O. BOX 52-6248 MIAMI FL 33152	3. Date Formed or Registered 09/19/1983	5a. Capital Contributions as Shown on record. \$3,800,000.00
		3a. Date of Last Report 12/23/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address P.O. Box 56-1108 Suite, Apt. #, etc.	2a. Principal Office Address 9460 Fontainebleau Blvd FL Leasing Office	4. State or Country of Formation	
City & State	City & State	6. FEI Number 59-2341731	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33256-1108	Country	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 33172	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent SIMON, GARY P. 9100 SOUTH DADELAND BOULEVARD SUITE 504 MIAMI FL 33156-7815	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	---

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. CLANCY, PETER J.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9460 Fontainebleau Blvd 620 ARVIDA PKWY. 13600 S.W. 79TH COURT	11b. City, State & Zip Code Miami, FL 33172 CORAL GABLES FL MIAMI FL 200002723732--8 -12/28/98--01117--001 ****526.25 ****526.25	11c. Registrations/ 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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number