



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 Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 23 PM 2:14 H 12/27	
1. Name of Limited Partnership SES GROUP-BLUE GROTTO APARTMENTS, LTD.		1a. DOCUMENT # A15831			
Mailing Address 9330 FONTAINEBLEAU BLVD. P.O. BOX 52-6248 MIAMI FL 33152		Principal Office Address 9330 FONTAINEBLEAU BLVD. P.O. BOX 52-6248 MIAMI FL 33152		3. Date Formed or Registered 11/30/1983	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/11/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record \$1,475,000.00	
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date	
				6. FEI Number 59-2393435 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SIMON, GARY 9100 S. DADELAND BLVD #504 MIAMI FL 33155		10. If changed, new Registered Agent/Office Name 200002042642--3 Street Address (P.O. Box Number Is Not Acceptable) 12/31/96--01086--012 ****576.25 ****576.25 Suite, Apt. #, etc. City FL Zip Code	
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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.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 620 ARVIDA PKWY	11b. City, State & Zip Code CORAL GABLES FL	11c. Registration/Document Number
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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

11/21/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number