

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 23 PM 1:11

1. Name of Limited Partnership

1a. DOCUMENT #  
**A15831**

**SES GROUP-BLUE GROTTO APARTMENTS, LTD.**



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

5a. Capital Contributions as Shown on record

**\$1,475,000.00**

3a. Date of Last Report

12/23/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

6. FEI Number

59-2393435

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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.**

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

**600002391756--4**  
**-01/06/98--01105--010**  
**\*\*\*\*541.25 \*\*\*\*541.25**

**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 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

12/1/97

Typed or Printed Name of General Partner Signing Form

**Robert C. Jones**

Daytime Telephone Number

**305/223-1602**

CR2E003 (6/97)