

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 22 PM 4:21

1. Name of Limited Partnership

1a. DOCUMENT #  
A15831

SES GROUP-BLUE GROTTO APARTMENTS, LTD.



Mailing Address

Principal Office Address

~~9330 FONTAINEBLEAU BLVD.~~  
~~P.O. BOX 52-6248~~  
MIAMI FL 33152

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~~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

12/23/1997

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

4. State or Country of Formation

FL

2. Mailing Address

P.O. Box 56-1108  
Suite, Apt. #, etc.

2a. Principal Office Address

9460 Fontainebleau Blvd  
Leasing Office  
Suite, Apt. #, etc.

City & State

City & State

Zip Country

33256-1108

Zip Country

33172

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)

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

108882734871-2  
-01/08/99-01080-009  
\*\*\*\$26.25 FL \*\*\*\$26.25

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)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

JONES, ROBERT C.

~~620 ARVIDA PKWY~~  
9460 Fontainebleau  
Blvd

~~CORAL GABLES FL~~  
Miami, FL 33172

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 10-1-98

Typed or Printed Name of General Partner Signing Form

Robert C. Jones

Daytime Telephone Number 305-223-1602

CR2E003 (8/98)