

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A21675**

1. Entity Name

SES GROUP - WINCHESTER HOUSE, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

5960 N.W. 38TH STREET
VIRGINIA GARDENS FL 33166

Mailing Address

P.O. BOX 560956
MIAMI FL 33256-0956

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2691978

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUERBACHER, MARK S

~~KEITH MARK LLP~~

~~200 S. BISCAYNE BLVD 20TH FL~~

~~MIAMI FL 33133~~

7. Name and Address of New Registered Agent

Name

Mark S. Auerbacher

Street Address (P.O. Box Number is Not Acceptable)

Wallace, Baumann

1200 Brickell Ave. Suite 1720

City

Miami

FL

Zip Code

33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Mark S. Auerbacher

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/20/00

DATE

9. Capital Contributions
as Shown on record.

\$702,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
CLANCY, PETER J
16921 SW 80TH COURT
MIAMI FL 33157

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Peter J. Clancy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/20/00 (305) 282-1621

Date

Daytime Phone #