

2001 UNIFORM BUSINESS REPORT (UBR)

0013 38 AF

DOCUMENT # **A21675**

1. Entity Name

SES GROUP - WINCHESTER HOUSE, LTD.

FILED

01 APR 27 PM 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2691978**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUERBACHER, MARK S
~~**1200 BRICKELL AVE., SUITE 1720**~~
~~**MIAMI FL 33131**~~

Name

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

2691 So. Bayshore Drive

Seventh Floor

City

Miami

FL

Zip Code

33133

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* (Mark S. Auerbacher)

4/26/01

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

(NOTE: Registered Agent signature required when reinstating)

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 PARTNER
NOTE: General Partners

TO BE REGISTERED AND ACTIVE WITH THIS OFFICE.
An amendment must be filed to change a general partner.

12. GENERAL PARTNER

ADDRESS CHANGES ONLY

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

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CR2E003 (11/00)

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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Peter J. Clancy 1/22/01

Date

(305) 235-4773
Daytime Phone #