

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

526.25

0019494 MB

DOCUMENT # A21675

1. Entity Name
SES GROUP - WINCHESTER HOUSE, LTD.



FILED
03 APR 29 PM 12:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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

Zip

Country

Zip

Country

4. FEI Number 59-2691978

Applied For
Not Applicable

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AUERBACHER, MARK S
2699 SO. BAYSHORE DRIVE, 7TH FLOOR
MIAMI FL 33133

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

CLANCY, PETER J
16921 SW 80TH COURT
MIAMI FL 33157

STREET ADDRESS
CITY-ST-ZIP

100017232521
04/29/03--01017--023 **526.25

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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:

SIGNATURE REQUIRED
Signature and typed or printed name of signing general partner

4/25/03

(805) 235-4713

Date

Daytime Phone #

CR2E003 (10/02)

PLEASE CHECK HERE