

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

141.25

0019483 MB

DOCUMENT # A22901

1. Entity Name
SES GROUP - GRANADA ASSOCIATES, LTD.



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

MJH

Principal Place of Business
P.O. BOX 560956
MIAMI FL 33256-0956

Mailing Address
P.O. BOX 560956
MIAMI FL 33256-0956



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-2815144

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

AVERBACHER, 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. \$200.00

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
CLANCEY, PETER J.
16921 S.W. 80TH COURT
MIAMI FL 33158

STREET ADDRESS

CITY-ST-ZIP

800017231318
04/29/03-01017-011 **141.25

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

4/25/03

(805) 235-4713

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE