

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	
1. Name of Limited Partnership SES GROUP - LAKE COUNTY ASSOCIATES, LTD.		1a. DOCUMENT # A24867	
Mailing Address P.O. BOX 52-6248 MIAMI FL 33152-6248		Principal Office Address 9330 FOUNTAINEBLEAU BLVD., 2ND FLOOR MIAMI FL 33172	
2. Mailing Address P.O. Box 56-1108		2a. Principal Office Address 9460 FOUNTAINEBLEAU BLVD FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Leasing Office	
City & State		City & State	
Zip Country 33256-1108		Zip Country	
3. Date Formed or Registered 07/13/1987		5a. Capital Contributions as Shown on record. \$1,025,000.00	
3a. Date of Last Report 01/02/1998		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation		6. FEI Number 59-2835371 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 JONES, ROBERT C 9330 FOUNTAINEBLEAU BLVD. 2ND FLOOR MIAMI FL 33172		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 9460 FOUNTAINEBLEAU BLVD Suite, Apt. #, etc. Leasing Office City FL Zip Code	
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. CLANCY, PETER J.	9460 FOUNTAINEBLEAU 620 ARVIDA PARKWAY BLVD 13600 SW 79TH CT	Miami FL 33172 CORAL GABLES FL MIAMI FL	400002739114-9 01/13/99-01018-018 ****526.25 ****526.25
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			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 22 AM 8:56



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