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

DIVICE TO THE HOUSE

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SES, LTD.			
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Procipal Offic	e Address	3. Day Formed or Registered	5a. Capital Contributions as Strown on record
	·- ·-	12/31/1992 3a. Date of Last Report	\$129,918.00
2a. Princin	al Office Address	03/23/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORGIA to date
		FL 6. FET Number	Applied For
City & State		59-3182207 7. Cerbb ath of Status Desired	Not Applicable \$8.75 Additional
Zip	Country	8. Make the 4 payable to Dept. of	Foc Regimed State (Scorte zeiser side für lechniften in e
of Current Registered Agent	Name	10. If changed, new Registere	d Agen#Office
CUMMINGS, RONALD N 1378 TIMBERLANE ROAD TALLAHASSEE FL 32312		Street Address (F.O. Box Number Is Net Acceptable) Suite, Apt. #, etc.	
			FL Zip Code
d office or registered agent, or	both, in the State of Florida. Such chang		
THAT IS A COR		PARTNERSHIP OR OTHE	R BUSINESS ENTITY
11a. _{(Do}	Address of Each General Partner NOT Use Post Office Box Numbers)	11b. City, State & Zip Cride	11c. Registration* Document Number
1378 T	IMBERLANE ROAD	TALLAHASSEE FL 32312	
		***** - (17\55 - (17\55)	7 to E:E:E:E:E::- 22 790 - 01056 - 019 28.25 - ****526.25
	1378 TIMBEL TALLAHASSI 2a. Princip Suite, Apt. #, City & State Zip of Current Registered Agent of obligations of section 620 192 timent). THAT IS A CORI MUST BE REG. 11a. (Do	THAT IS A CORPORATION, LIMITED	12/31/1992 3a. Date of Last Report 03/23/1998 4. State of Country of Formation FL 6. FET Number 59-3182207 7. Certifulate of Status Desired 8. Materials - payable to Depth of Other Address (PO Box Number Is Not Acceptable) Suite, Apt. #, etc. City & State 70 Country 10. If changed, new Registere Name Street Address (PO Box Number Is Not Acceptable) Suite, Apt. #, etc. City 70 1051 and 620 192 Florida Statutes, the above named limited partice-ship organized or registered agent, or both, in the State of Florida Such charge was authorized by its general partice(s). Therefoliaptions of section 620 192 Florida Statutes THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHE MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partice 11a. (Do NOT Use Post Office Box Numbers) 1378 TIMBERLANE ROAD TALLAHASSEE FL 32312

12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and dives 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 decembed exempt from public ancess. 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 are a General Partner of the limited partnership, receiver or torser empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE.

Konald N. Cummings Typed or Printed Name of General Partner Signing Form _

DATE 12/31/48

Daytime Telephone Number