


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY -1 PM 4:29

DOCUMENT # A03000001160

1. Entity Name
 BOCA RATON ASSOCIATES VI, LLLP



Principal Place of Business
 1600 SAWGRASS CORP PKWY, SUITE 300
 SUNRISE, FL 33323

Mailing Address
 1600 SAWGRASS CORP PKWY, SUITE 300
 SUNRISE, FL 33323



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State

3. Mailing Address
 Suite, Apt. #, etc.
 City & State

Zip Country Zip Country

04162008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent

GRANT, MARK F ESQ
 RUDEN, MCCLOSKEY, SMITH, ET AL
 200 E BROWARD BLVD, STE 1500
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name
 Boca Raton VI Corporation

Street Address (P.O. Box Number is Not Acceptable)
 1600 Sawgrass Corporate Pkwy, Suite 230

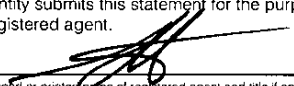
City Sunrise FL Zip Code 33323

4. FEI Number
 57-1182163

Applied For
 Not Applicable

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

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  DATE 4/27/08


FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	P03000085483	STREET ADDRESS	1600 Sawgrass Corp Pkwy, Suite 230
NAME	BOCA RATON VI CORPORATION	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1600 SAWGRASS CORP PKWY, SUITE 300		
CITY-ST-ZIP	SUNRISE, FL 33323		
DOCUMENT #		STREET ADDRESS	600128120086
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  RICHARD M. NORWALK 4/29/08 (954) 753-1730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #