

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A28655

1. Entity Name
 AJA PROPERTIES NO. 6, LTD.



Principal Place of Business Mailing Address
 C/O PETER LAWRENCE COMMERCIAL REAL ESTATE C/O PETER LAWRENCE COMMERCIAL REAL ESTATE
 4710 EISENHOWER BLVD., SUITE C-1 4710 EISENHOWER BLVD., SUITE C-1
 TAMPA, FL 33634 TAMPA, FL 33634



2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04072005 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
 65-0132098 Not Applicable

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

PETER LAWRENCE COMMERCIAL REAL ESTATE, INC
 4710 EISENHOWER BLVD.
 SUITE C-1
 TAMPA, FL 33634-6334

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. **\$2,106,049.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #	K94115
NAME	THE RED & GREY 75TH CORPORATION
STREET ADDRESS	4710 EISENHOWER BLVD., SUITE C-1
CITY-ST-ZIP	TAMPA, FL 336346334
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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STREET ADDRESS	00000361707 05/05/05-80087-010 526.25
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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 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: KRISTOPHER M. HOOVER 4/14/05 813-889-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #