

**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
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FILED
98 OCT -2 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A28863
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WE'RE ASSOCIATES VI LIMITED PARTNERSHIP

Mailing Address % PAUL GNATT, CPA 7101 WISCONSIN AVENUE BETHESDA MD 20814	Principal Office Address % PAUL GNATT, CPA 7101 WISCONSIN AVENUE BETHESDA MD 20814	3. Date Formed or Registered 09/06/1989	5a. Capital Contributions as Shown on record. \$270,000.00 30.00
2. Mailing Address Suite, Apt. #, etc. 1012 City & State Zip	2a. Principal Office Address Suite, Apt. #, etc. 1012 City & State Zip	3a. Date of Last Report 09/15/1997	5b. Amount of Capital Contributions in FLORIDA to date: 30.00
		4. State or Country of Formation MD	6. FEI Number 52-1666119 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input checked="" 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 GRAND, LEONARD ESQ. 3440 HOLLYWOOD BLVD., SUITE 450 HOLLYWOOD FL 33021	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State FL Zip Code
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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) ABE GROUP ENTERPRISES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3440 HOLLYWOOD BLVD.,	11b. City, State & Zip Code HOLLYWOOD FL 33021	11c. Registration/Document Number P98000028894
		300002659783--8 -10/08/98--01101--013 ****150.00 ****150.00	
<i>doc (cont)</i>			

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 *Abe Group Enterprises, Inc* *By Leonard Grand* DATE *10/1/98*

Typed or Printed Name of General Partner Signing Form *Leonard Grand President* Daytime Telephone Number *(954)989-2889*

CR2E003 (8/98)