

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 FEB 13 PM 12:15

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001271

CNL INCOME & GROWTH FUND VI, LTD.



Mailing Address

400 EAST SOUTH STREET, SUITE 500
ORLANDO FL 32801

Principal Office Address

400 EAST SOUTH STREET, SUITE 500
ORLANDO FL 32801

3. Date Formed or Registered

09/20/1994

5a. Capital Contributions as Shown on record

\$15,000,000.00

3a. Date of Last Report

01/16/1996

5b. Amount of Capital Contributions in FL ORIDA to date

\$15,000,000.00

4. State or Country of Formation

FL

6. FEI Number

59-3270610

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2-13

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A
400 EAST SOUTH STREET, SUITE 500
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number and Zip Code) **500002091705--5**

Suite, Apt. #, etc.

-02/19/97--01034--004
******759.50 ****218.25**

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)

CNL INCOME & GROWTH CORP.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

400 EAST SOUTH STREET

11b. City, State & Zip Code

ORLANDO FL 32801

11c. Registration/Document Number

P94000018227

200002070892--9
-01/28/97--01145--001
*****21973.00 ******

Total - 541.25
New Fees = 218.25

\$323.00
KWM

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

1/1/97

Typed or Printed Name of General Partner Signing Form

ROBERT A. BOURNE

Daytime Telephone Number **407/422-1574**

CR2E003 (6/96)