

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

FILED

97 APR 11 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997

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

1. Name of Limited Partnership  CFI FUNDING VI, LTD.	1a. DOCUMENT # <b>A96000002308</b>  <i>97-AR-435 CM</i>
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Mailing Address C/O MICHAEL MARDER 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO FL 32801	Principal Office Address C/O MICHAEL MARDER 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO FL 32801	3. Date Formed or Registered 12/13/1996	5a. Capital Contributions as Shown on record. <b>\$62,000,000.00</b>
2. Mailing Address <i>5601 Windhover DR</i>	2a. Principal Office Address <i>5601 Windhover DR</i>	3a. Date of Last Report <i>N/A</i>	5b. Amount of Capital Contributions in FLORIDA to date. <b>62,600,000</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FL</b>	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State <i>Orlando, FL</i>	City & State <i>Orlando, FL</i>	7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip <i>32819-7905</i>	Zip <i>32819-7905</i>		

9. Name and Address of Current Registered Agent  CFI GENERAL FUNDING VI, INC. C/O MICHAEL MARDER 135 WEST CENTRAL BLVD., SUITE 1100 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CFI GENERAL FUNDING VI, INC.	135 WEST CENTRAL BLVD	ORLANDO FL 32801	P96000100788

000002146810--3  
-04/17/97--01104--001  
\*\*\*550.00 \*\*\*550.00

**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 \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

CR2E003 (11/96)