


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A02000001726			
1. Entity Name 6S, LTD.			
Principal Place of Business 16030 US 27 SOUTH LAKE WALES FL 33859		Mailing Address PO BOX 851 BABSON PARK FL 33827	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country		City & State Zip Country	

FILED
2005 APR 11 AM 9:28
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent STORY, KYLE R 4916 FLEETWOOD STREET LAKE WALES FL 33859		7. Name and Address of New Registered Agent Name Kyle R. Story Street Address (P.O. Box Number is Not Acceptable) 3656 Red Oak Court City Lake Wales FL Zip Code 33898	
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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
9. Capital Contributions as Shown on record. \$196,624.16	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 #		STREET ADDRESS	
NAME	STORY, KYLE R	CITY-ST-ZIP	
STREET ADDRESS	3656 RED OAK COURT		
CITY-ST-ZIP	LAKE WALES FL 33898		
DOCUMENT #		STREET ADDRESS	500054040615
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-7-05 **(863) 338-1619**
Date Daytime Phone #

STAPLE CHECK HERE