

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A01000001643

1. Entity Name
ATCO LIMITED PARTNERSHIP VI



Principal Place of Business
**102 PARK PLACE BLVD., SUITE B-3
 KISSIMMEE, FL 34741**

Mailing Address
**P.O. BOX 422557
 KISSIMMEE, FL 34742-2557**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04222004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3760900

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUIKEMA, KENNETH E
 2425 ROAT DRIVE
 ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. **\$7,500.00**

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 #	P96000081745	STREET ADDRESS	
NAME	TOWN LOOP GROUP, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 422557		
CITY-ST-ZIP	KISSIMMEE, FL 347422557		
DOCUMENT #		STREET ADDRESS	000000146660
NAME		CITY-ST-ZIP	05/03/04-80075-004 141.25
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STREET ADDRESS			
CITY-ST-ZIP			

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: *Cynthia Nugent* **CYNTHIA NUGENT** **4/22/04** **407-933-2652**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE