


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
2005 APR 26 PM 12: 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A01000001643</b>					
1. Entity Name <b>ATCO LIMITED PARTNERSHIP VI</b>					
Principal Place of Business <b>102 PARK PLACE BLVD., SUITE B-3 KISSIMMEE, FL 34741</b>			Mailing Address <b>P.O. BOX 422557 KISSIMMEE, FL 34742-2557</b>		
2. Principal Place of Business <b>219 S. Clyde Ave</b>		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Kissimmee, FL</b>		City & State		4. FEI Number <b>59-3760900</b>	
Zip <b>34741</b>		Country <b>Osceola</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BUIKEMA, KENNETH E 2425 ROAT DRIVE ORLANDO, FL 32835</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$7,500.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT # <b>P96000081745</b>			<b>600054342656</b> <b>05/12/05--01077--010 **141.25</b>		
NAME <b>TOWN LOOP GROUP, INC.</b>					
STREET ADDRESS <b>P.O. BOX 422557</b>					
CITY-ST-ZIP <b>KISSIMMEE, FL 347422557</b>					
DOCUMENT #					
NAME					
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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: <u>Cynthia Nugent</u> <b>CYNTHIA NUGENT</b> <u>4/21/05</u> <b>407-933-2652</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE