

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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|---|------------------------|---------------------|--|---|--|
| DOCUMENT # A02000000137 | | | |  | |
| 1. Entity Name CAREY VI, LTD. | | | | | |
| Principal Place of Business 1602 COTTAGEWOOD DRIVE BRANDON, FL 33510 | | | Mailing Address 1602 COTTAGEWOOD DRIVE BRANDON, FL 33510 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03102005 Chg-LP CR2E003 (10/03) | |
| Zip | | Country | | 4. FEI Number 80-0031394 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| CAREY, GERTRUDE E 1602 COTTAGEWOOD DRIVE BRANDON, FL 33510 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$25,000,000.00 | | | 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 # | NAME | | STREET ADDRESS | | |
| | CAREY, GERTRUDE E | | | | |
| | 1602 COTTAGEWOOD DRIVE | | CITY-ST-ZIP | | |
| | BRANDON, FL 33510 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | LEE, AMY C | | | | |
| | 1004 CHERWOOD LN. | | CITY-ST-ZIP | | |
| | BRANDON, FL 33511 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 700049447277 | |
| | CAREY, WILLIAM V | | | 03/30/05--01004--008 **526.25 | |
| | 1602 COTTAGEWOOD DR. | | CITY-ST-ZIP | | |
| | BRANDON, FL 33501 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | RINTOUL, JILL M | | | | |
| | 17506 OSPREY MANOR WAY | | CITY-ST-ZIP | | |
| | LITHIA, FL 33547 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | | | | | |
| | | | CITY-ST-ZIP | | |
| | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| | | | | | |
| | | | CITY-ST-ZIP | | |
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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: <u>Gertrude E Carey</u> | | | Date: <u>3/12/05</u> | | Daytime Phone #: <u>(813) 685-1561</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | | | |

STAPLE CHECK HERE