

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

DOCUMENT # A02000001425

1. Entity Name
 SMIGIEL PARTNERS VI, LTD.



Principal Place of Business P.O. BOX 540669 LAKE WORTH, FL 33454	Mailing Address P.O. BOX 540669 LAKE WORTH, FL 33454
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01142008 Chg-LP CR2E003 (12/06)

City & State	City & State
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4. FEI Number 06-1654245	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMIGIEL, GARY
 7965 LANTANA ROAD
 LAKE WORTH, FL 33454

Name Gary Smigiel
Street Address (P.O. Box Number is Not Acceptable) 7965 Lantana Road
City Lake Worth FL Zip Code 33467

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

Signature, typed or printed name of registered agent and title if applicable.

4-3-08
 DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 #	L93000000238
NAME	GARY SMIGIEL, L.C.
STREET ADDRESS	P.O. BOX 540623
CITY-ST-ZIP	LAKE WORTH, FL 33454

STREET ADDRESS	P. O. Box 540669
CITY-ST-ZIP	Lake Worth, FL 33454-0669

DOCUMENT #	P00000103016
NAME	C.H. CONSULTING, INC.
STREET ADDRESS	P.O. BOX 540623
CITY-ST-ZIP	LAKE WORTH, FL 33454

STREET ADDRESS	P. O. Box 540669
CITY-ST-ZIP	Lake Worth, FL 33454-0669

DOCUMENT #	
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CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

GARY SMIGIEL 4-3-08 561 968 3605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE