

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A02000001726

Entity Name: 6S, LTD.

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

16030 US 27 SOUTH  
LAKE WALES, FL 33859

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 851  
BABSON PARK, FL 33827

**New Mailing Address:**

PO BOX 1221  
LAKE WALES, FL 338591221

FEI Number: 14-1863528

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STORY, KYLE R  
3656 RED OAK COURT  
LAKE WALES, FL 33898 US

**Name and Address of New Registered Agent:**

STORY, KYLE R  
16030 HWY 27 SOUTH  
LAKE WALES, FL 338591221 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/17/2010

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: STORY, KYLE R  
Address: 3656 RED OAK COURT  
City-St-Zip: LAKE WALES, FL 33898

**ADDRESS CHANGES ONLY:**

Address: 16030 HWY 27 SOUTH  
City-St-Zip: LAKE WALES, FL 338591221

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KYLE R. STORY

GP

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date