

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

DOCUMENT # A03000000273

1. Entity Name  
C/MAX CAPITAL LIMITED PARTNERSHIP - VI



**FILED**

04 APR 23 PM 12:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
515 EAST LAS OLAS BOULEVARD, SUITE 1020  
FORT LAUDERDALE, FL 33301

Mailing Address  
515 EAST LAS OLAS BOULEVARD, SUITE 1020  
FORT LAUDERDALE, FL 33301



2. Principal Place of Business  
1550 SAWGRASS CPT PKWY  
Suite, Apt. #, etc.  
#230  
City & State  
SUNRISE, FL  
Zip  
33323  
Country  
USA

3. Mailing Address  
1550 SAWGRASS CPT PKWY  
Suite, Apt. #, etc.  
#230  
City & State  
SUNRISE, FL  
Zip  
33323  
Country  
USA

02122004 Chg-LP CR2E003 (10/03)

4. FEI Number  
33-1044400  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

WATSON, KEVIN  
515 EAST LAS OLAS BOULEVARD, SUITE 1020  
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name  
KEVIN M. WATSON  
Street Address (P.O. Box Number is Not Acceptable)  
1550 SAWGRASS CPT PKWY  
#230  
City  
SUNRISE  
FL Zip Code  
33323

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 3/8/04

9. Capital Contributions as Shown on record \$4,750,000.00

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

DOCUMENT # L03000006303  
NAME C/MAX CAPITAL GP - VI, LLC  
STREET ADDRESS 515 EAST LAS OLAS BOULEVARD, SUITE 1020  
CITY-ST-ZIP FORT LAUDERDALE, FL 33301

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1550 SAWGRASS CPT PKWY #230  
CITY-ST-ZIP SUNRISE, FL 33323

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

KEVIN WATSON

Date

Daytime Phone #

3/8/04 954.315.6602

STAPLE CHECK HERE