

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000000273

**FILED**  
**Jun 06, 2007**  
**Secretary of State**

**Entity Name:** C/MAX CAPITAL LIMITED PARTNERSHIP - VI

**Current Principal Place of Business:**

1550 SAWGRASS CPT PKWY  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1550 SAWGRASS CPT PKWY  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 33-1044400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, MARC M  
1550 SAWGRASS CPT PKWY  
SUNRISE, FL 33323 US

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

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

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: L03000006303  
Name: C/MAX CAPITAL GP - VI, LLC  
Address: 1550 SAWGRASS CPT PKWY  
City-St-Zip: SUNRISE, FL 33323

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KEVIN M. WATSON

MBR

06/06/2007

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

\_\_\_\_\_  
Date