


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY -9 AM 8:59

DOCUMENT # A03000001617					
1. Entity Name DIAG INVESTMENT VI, LTD.					
Principal Place of Business 28341 S. TAMiami TRAIL, STE. 1 BONITA SPRING, FL 34134			Mailing Address 28341 S. TAMiami TRAIL, STE. 1 BONITA SPRING, FL 34134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number APPLIED FOR				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		
WRIGHT, CHRISTINE F ESQ 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904			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: <i>Christine F Wright</i> Title: Vice President For Gen. Partner 4/13/05 Signature, typed or printed name of registered agent and title if applicable. DATE					
9. Capital Contributions as Shown on record. \$470,250.00			10. Amount of Capital Contributions in FLORIDA to date. \$526.25		
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 #	P99000021895		STREET ADDRESS		
NAME	DIAG MANAGEMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	28341 S. TAMiami TRAIL, STE. 1				
CITY-ST-ZIP	BONITA SPRING, FL 34134				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	600055912986	
NAME			CITY-ST-ZIP	06/08/05--01064--018 **526.25	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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: <i>Christine F Wright</i> Title: Vice Pres. For Gen. Partner 4/13/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #					

STAPLE CHECK HERE

DIAG Management, Inc.