


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**

0607 MAY 1 - PM 11:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A03000001617</b> 1. Entity Name <b>DIAG INVESTMENT VI, LTD.</b>	
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Principal Place of Business <b>8881 Terrene Ct. Suite 104</b> <b>Bonita Springs, FL 34135</b>	Mailing Address  <b>P.O. Box 2311</b> <b>Bonita Springs, FL 34133</b>
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3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



01122006	Chg-LP	CR2E003 (11/05)
4. FEI Number <b>APPLIED FOR</b>		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> WRIGHT, CHRISTINE F ESQ 4427 S.E. 16TH PLACE, #2 CAPE CORAL, FL 33904	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 #	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	800074754058
NAME		CITY-ST-ZIP	05/17/06--01016--013 **500.00
STREET ADDRESS			
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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 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:** Thomas J. Luke **THOMAS J. LUKE** 4/25/06 239.390.0991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE