2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A06000000676

1. Entity Name

CITLO VI, LP

FILED

07 FEB 21 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/06)

Principal Place of Business	Mailing Address
220 ALHAMBRA CIRCLE STE 700 CORAL GABLES FL 33134	220 ALHAMBRA CIRCLE STE 700 CORAL GABLES FL 33134

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
800 DOUGLAS RD	800 DOUGLAS RD
Suite, Apt. #, etc.: 500	Suite, Apt. #, etc.: 500
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STUZIN, CHARLES B 220 ALHAMBRA CIRCLE STE 700 CORAL GABLES FL 33134	Name: CHARLES B. STUZIN Street Address (P.O. Box Number is Not Acceptable): 800 DOUGLAS ROAD NORTH TOWER, SUITE 500 CORAL GABLES, FL. 33134 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 _____ DATE 2/8/07
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2007, fee will be $900. *** Make check payable to Florida Department of State.**

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 # P00000111376 NAME STUZIN ENTERPRISES, INC. STREET ADDRESS 220 ALHAMBRA CIRCLE-STE 700 CITY-ST-ZIP CORAL GABLES FL 33134	STREET ADDRESS 800 DOUGLAS RD STE 500 CITY-ST-ZIP CORAL GABLES, FL 33134
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 200089614662 CITY-ST-ZIP 02/27/07--01057--030 **500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS 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: _____ 2/8/07 (305)774-0454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #