


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A06000001206	
1. Entity Name BUTTERS REAL ESTATE FUND VI, LLLP	

Principal Place of Business 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073	Mailing Address 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
07 MAY 18 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04102007 Chg-LP CR2E003 (12/06)

4. FEI Number 80-5726489	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 HOUK, JANE A 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET MIAMI, FL 33130	7. Name and Address of New Registered Agent Name: <u>Malcolm Butters</u> Street Address (P.O. Box Number is Not Acceptable): <u>6820 Lyons Technology Circle #100</u> City: <u>Coconut Creek FL</u> Zip Code: <u>33073</u>
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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: [Signature] P. Butters DATE: 4/3/07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 #	L06000099622	STREET ADDRESS	300103628193
NAME	BUTTERS CAPITAL VI, LLC	CITY-ST-ZIP	05/31/07--01048--020 **500.00
STREET ADDRESS	6820 LYONS TECHNOLOGY CIRCLE, SUITE 100		
CITY-ST-ZIP	COCONUT CREEK, FL 33073		
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CITY-ST-ZIP			

STATE CHECK HERE

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: [Signature] P. Butters DATE: 4/3/07 DAYTIME PHONE: 904-570-8111