

2002 UNIFORM BUSINESS REPORT (UBR)

0014288 AT

DOCUMENT # A13370

1. Entity Name

SUNCO PROPERTIES, LTD. VI

FILED

02 MAY -1 PM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5015 SOUTH FLORIDA AVENUE
SUITE 200
LAKELAND FL 33813

Mailing Address
SUNCO PROPERTIES, LTD. VI
P.O. BOX 5252
LAKELAND FL 33807



2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland FL

City & State

4. FEI Number

59-2247571

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

McFARLANE, PETER A
PETER A MCFARLANE P.A.
5015 SOUTH FLORIDA AVENUE, STE 215
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave

#715

City

Lakeland

FL

Zip Code

33801

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT # 616872
NAME CENTURY REALTY FUNDS INC
STREET ADDRESS 5015 SOUTH FLORIDA AVENUE SUITE 200
CITY-ST-ZIP LAKELAND FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500 S. Florida Avenue, #700
Lakeland, FL 33801

CITY-ST-ZIP

STREET ADDRESS

BK

CITY-ST-ZIP

STREET ADDRESS

800005538198--4

CITY-ST-ZIP

05/15/02 01064 017

****150.00 ****150.00

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/02

Date

Daytime Phone #

CR2E003 (9/01)