

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 18 AM 11:08

1. Name of Limited Partnership	1a. DOCUMENT # A15117
ATLANTIC CAPITAL PROPERTIES, SERIES VI, LTD.	



9012130

Mailing Address P.O. BOX 6746 JACKSONVILLE 32236-6746	Principal Office Address 480 SOUTH EDGEWOOD AVENUE JACKSONVILLE FL 32205	3. Date Formed or Registered 08/15/1983	5a. Capital Contributions as Shown on record. \$150,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/23/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$150,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2405398
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent FRANKLIN, BEN T. 480 SOUTH EDGEWOOD AVE JACKSONVILLE FL 32205	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FRANKLIN, BEN T., JR. MORALES, RICARDO JR	480 SOUTH EDGEWOOD AV 6900 PHILLIP HWY STE	JACKSONVILLE FL 32205 JACKSONVILLE FL 32216	500002728298--9 -12/31/98--01071--001 ****526.25 ****526.25

CR2E003 (8/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Ben T. Franklin, Jr. DATE 11/30/98
Typed or Printed Name of General Partner Signing Form Ben T. Franklin, Jr. Daytime Telephone Number (904) 384-1000 + 631