## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A17170

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC -6 AM 9: 53



UNN COMMODITY FUND #6, LTD.						
Mailing Address  ** DUNN CAPITAL MANAGEMENT, INC.  309 EAST OSCEOLA STREET, SUITE 208	Principal Office Address  ** DUNN CAPITAL MANAGEMENT, INC.  309 EAST OSCEOLA STREET, SUITE 208  STUART FL 34994			3. Date Formed or Registered 06/05/1984	5a. Capital Contributions as Shown on record.	
STUART FL 34994				3a. Date of Last Report 09/22/1995	5b. Amount of Capital Contributions in FLORIDA to date:	
				4. State or Country of Formation		
2. Mailing Address	28. Principal Office Address	28. Principal Office Address		IL.		
Suite, Apt. #, etc.	Suite, Apt. #. etc.	Suite, Apt. #, etc.		6. FEI Number 59-2345603	Applied For	
City & State	City & State	City & State			Not Applicable	
Zip Country	Zip	Z <sub>1</sub> p Country		7. Certificate of Status Desired \$8.75 Additional Fee Required		
				8. Make check payable to Dept. of	State (See reve	erse side for fee information
9. Name and Address of Curre	nt Registered Agent			10. If changed, new Registere	d Agent/Office	
DUNN, WILLIAM A 309 EAST OSCEOLA STREET		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
SUITE 208		Suite, Apt. #, etc. City		Zip Code		
STUART FL 33494						
10a. Pursuant to the provisions of sections 620 1051 a for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of ons of section 620.192, Florida Statutes.	amed limited partn		orized by its general partner(s). I her	eby accept the	da, submits this statement
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