


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # A18888	
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1. Entity Name
CHC VI, LTD.

Principal Place of Business
500 S. FLORIDA AVE., SUITE 700
LAKELAND, FL 33801

Mailing Address
P.O. BOX 5252
LAKELAND, FL 33807



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008 Chg-LP CR2E003 (12/06)

4. FEI Number
59-2490164

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

MCFARLANE, PETER A.
500 S. FLORIDA AVE., SUITE 715
LAKELAND, FL 33801

Name

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

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

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

DATE
05/21/08-80121-016 508.75

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 # **616872**
 NAME **CENTURY REALTY FUNDS INC**
 STREET ADDRESS **500 S. FLORIDA AVE., SUITE 700**
 CITY-ST-ZIP **LAKELAND, FL 33801**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **G23570**
 NAME **CRF MANAGEMENT CO., INC.**
 STREET ADDRESS **500 S. FLORIDA AVE., SUITE 700**
 CITY-ST-ZIP **LAKELAND, FL 33801**

STREET ADDRESS

CITY-ST-ZIP

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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:

Kim S. Kelley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Kim S Kelley

4/21/08

863.647.1581

STAPLE CHECK HERE