

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A23009**

1. Entity Name  
**CORPORATE PROPERTY ASSOCIATES 6 - A**  
**CALIFORNIA LIMITED PARTNERSHIP**



Principal Place of Business  
**50 ROCKEFELLER PLAZA, 2ND FLOOR**  
**NEW YORK, NY 10020**

Mailing Address  
**50 ROCKEFELLER PLAZA, 2ND FLOOR**  
**NEW YORK, NY 10020**



03232006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**13-3247122**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE, FL 32301**

**DO NOT WRITE**  
**IN THIS SPACE**

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

1100000541859

05/10/06 00075 910 500.00

**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**

DOCUMENT # **M01000001042**  
NAME **W.P. CAREY & CO., LLC**  
STREET ADDRESS **50 ROCKEFELLER PLAZA, 2/F**  
CITY-ST-ZIP **NEW YORK, NY 10020**

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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:** Anson Wong

**ANSON S. WONG, ASSISTANT TREASURER**

**4/20/2006**

**212-492-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE