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

## LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A26905** 

FILED

98 OCT 27 PM 1:45

SECREIART UP STATE

(407) 650-1000

Daytime Telephone Number

	A26905			TALLAHASSEE, FLORIDA			
CNL INCOME FUND VI, LTD.							
Mailing Address	Principal Office Address		3.	Date Formed or Registered	5a. Capital Contributions as Shown on record.		
400 EAST SOUTH STREET, \$-500 ORLANDO FL 32801	400 EAST SOUTH STREET, S-500 ORLANDO FL 32801		3a	08/17/1988  3a. Date of Last Report		- \$35,000,000.00	
				11/03/1997	5b. Amo	unt of Capital iributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			State or Country of Formation	to date: \$35,000,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6.	FEI Number	Applied For		1
City & State	City & State			59-2922954	Not Applicable		
Zip Country	Zip Country			7. Certificate of Status Desired \$8.75 Additional Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee informations)			
			0.,	G. mano dieun payone to. Popt. of Stole (See reverse Side for less sufficients/from)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
BOURNE, ROBERT A 400 EAST SOUTH STREET, #500 ORLANDO FL 32801		Name Street Address (P.O. Box Number Is Not Acceptable)					4
		Suite, Apt. #, etc.					4
OREAINDO PE 32001			City   Zip Code				
	FL FL						
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of the control of th	gistered agent, or both, in the State of Floric			by its general partner(s), I hereby			
A GENERAL PARTNER THAT  MUST	S A CORPORATION, L BE REGISTERED AN	IMITED F	PARTNE WITH 1	RSHIP OR OTHE THIS OFFICE.	R BUS	NESS ENTITY	-
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner x Numbers)	11b. ·	City, State & Zip Code	11c.	Registration/ Document Number	]
BOURNE, ROBERT A	400 EAST SOUTH ST, #5		ORLANDO 62000021 -11/03		6784221   \$\frac{3}{28} -01008002   \$\frac{3}{28} .25   ****526.25   \$\frac{3}{28} .25   \$\frac{3}{28}		
SENEFF, JAMES M	400 EAST SOUTH ST, #5		ORLAND		26.25	****526.25	2E00
- CNL REALTY CORPORATION	400 EAST SOUTH ST, #5		ORLAND	O FL	H8	7301	S.
I y							
r				. Ai ,	<b>.</b> .		
				AL (	GCT 2	7 Dog	
Note: General partners MAY NOT	he changed on this form	r an amer	idment m	ust he filed to cha	nge a g	eneral nartner	-
12. I do hereby certify that the Information supplied with this Corporations from any liability of non-compliance with this annual report is true and accurate and that my sligh empowered to execute this report as required by chapte	s filing is votuntarily fumished and does not section 119.07(3)(k) in the event that the info ature shall have the same legal effects as if	qualify for the exe	emption stated in is deemed exe	n Section 119.07(3)(k), Florida St mpt from public access. I further	atutes. I relea certify that the ne limited par	se the Division of e information indicated on tnership, receiver or trustee	-
SIGNATURE				DATE	10/7	7/98	

Robert A. Bourne