

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

**Jan 24, 2000 08:00 AM
Secretary of State**

DOCUMENT # A26905
 1. Entity Name
 CNL INCOME FUND VI, LTD.

| | |
|---|---|
| Principal Place of Business 400 EAST SOUTH STREET, S-500 ORLANDO FL 32801 | Mailing Address 400 EAST SOUTH STREET, S-500 ORLANDO FL 32801 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business 450 S. ORANGE AVENUE Suite, Apt. #, etc. | 3. Mailing Address 450 S. ORANGE AVENUE Suite, Apt. #, etc. |
|---|---|

| | |
|----------------------------|----------------------------|
| City & State ORLANDO FL | City & State ORLANDO FL |
|----------------------------|----------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 32801 | Country | Zip 32801 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 59-2922954 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOURNE ROBERT A
 400 EAST SOUTH STREET, #500
 ORLANDO FL 32801 US

7. Name and Address of New Registered Agent

Name
BOURNE ROBERT A
 Street Address (P.O. Box Number is Not Acceptable)
 450 S. ORANGE AVENUE
 City
 ORLANDO FL Zip Code
 32801

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.

SIGNATURE _____ DATE **01/24/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|--|--|
| 9. Capital Contributions as Shown on record. 35,000,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. 35,000,000.00 | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION. |
|---|--|--|

**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 # NAME STREET ADDRESS CITY-ST-ZIP | CNL REALTY CORPORATION 400 EAST SOUTH ST, #500 ORLANDO FL | STREET ADDRESS CITY-ST-ZIP | 450 S. ORANGE AVENUE ORLANDO FL 32801 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | SENEFF JAMES M 400 EAST SOUTH ST, #500 ORLANDO FL | STREET ADDRESS CITY-ST-ZIP | 450 S. ORANGE AVENUE ORLANDO FL 32801 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | BOURNE ROBERT A 400 EAST SOUTH ST, #500 ORLANDO FL | STREET ADDRESS CITY-ST-ZIP | 450 S. ORANGE AVENUE ORLANDO FL 32801 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ROBERT A. BOURNE

01/24/2000