


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 30, 2004 08:00 AM
Secretary of State**

DOCUMENT # A28504			
1. Entity Name 6TH AVENUE AND 17TH STREET PARTNERSHIP, LIMITED			
Principal Place of Business 1826 US #1 VERO BEACH, FL 32960		Mailing Address 1826 US #1 VERO BEACH, FL 32960	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0127487		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KUTSCHINSKI, RONALD C. 1826 US HWY #1 VERO BEACH, FL 32960		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 _____		DATE _____	
*Signature, typed or printed name of registered agent and title if applicable			
9. Capital Contributions as Shown on record \$416,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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	
	RONALD C. KUTSCHINSKI		
STREET ADDRESS	1220 INDIAN MOUND TRAIL	CITY ST ZIP	
CITY ST ZIP	VERO BEACH, FL		
DOCUMENT #	NAME	STREET ADDRESS	
	NORMAN E. MILLER, JR.		
STREET ADDRESS	PO BOX 1946		
CITY ST ZIP	VERO BEACH, FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS			
CITY ST ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
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: <i>Ronald C. Kutschinski</i>		RONALD C. KUTSCHINSKI 4-28-04 772 567-2340	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE



04142004 Chg-LP CR2E003 (10/03)

000000158517
05/07/04-80025-005 526.25