

**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.

04142004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

**65-0127487**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

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

DATE

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  
CITY- ST- ZIP

**RONALD C. KUTSCHINSKI  
1220 INDIAN MOUND TRAIL  
VERO BEACH, FL**

STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**NORMAN E. MILLER, JR.  
PO BOX 1946  
VERO BEACH, FL**

STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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05/07/04-80025-005 526.25

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:

*Ronald C. Kutschinski*

**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