

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**



**FILED**

08 FEB -8 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E003 (10/07)

<b>DOCUMENT # A28504</b>		1. Entity Name <b>6TH AVENUE AND 17TH STREET PARTNERSHIP, LIMITED</b>	
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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>KUTSCHINSKI, RONALD C. 1826 US HWY #1 VERO BEACH FL 32960</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
4. FEI Number <b>65-0127487</b> Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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	

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 5790 GLEN EAGLE	CITY-ST-ZIP	
CITY-ST-ZIP	VERO BEACH FL 32967		
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			

000118149280  
02/15/08--01036--021 \*\*\*500.00

STAPLE CHECK HERE

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:** *Ronald C Kutschinski* **RONALD C KUTSCHINSKI** 1-23-08 772 559-9951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone