2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A28921

FILED May 02, 2010 Secretary of State

Entity Name: HARBOR BRIDGE INVESTMENTS VI, LTD.

| Current Principal Place of Business: | | New Principal Place of Business: | |
|--|---|--|------------|
| | ST STREET RIVER, FL 34429 | | |
| Current Ma | ailing Address: | New Mailing Address: | |
| PO BOX 49 CRYSTAL | 90 RIVER, FL 34423 | | |
| FEI Number: 59-2964915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | . , |
| | - | | |
| 441 N.E. 15 | .ND COHEN CPA'S P.A. ST STREET RIVER. FL 34429 US | | |
| OKTOTAL | NIVER, 12 04420 00 | | |
| The above in the State | | urpose of changing its registered office or registered agent | t, or both |
| SIGNATUR | RE: | | |
| | Electronic Signature of Registered Ager | nt Date | |
| | | | |
| GENERAL PARTNER INFORMATION: | | ADDRESS CHANGES ONLY: | |
| Document #: | M92057 | | |
| Name: | GENERAL PARTNERS MANAGEMENT CORP. | A.1. | |
| Address: City-St-Zip: | P.O. BOX 490 CRYSTAL RIVER, FL 34423 | Address: City-St-Zip: | |

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: G MAX BARNES GP 05/02/2010