


2001 UNIFORM BUSINESS REPORT (UBR)

0002296 AF

DOCUMENT # A29553 ✓
1. Entity Name
 SCHRIMSHER LAND FUND VI, LTD. ✓

FILED
 01 FEB 27 AM 9:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


Principal Place of Business **Mailing Address**
 600 EAST COLONIAL DRIVE, SUITE 100 ✓ 600 EAST COLONIAL DRIVE, SUITE 100 ✓
 ORLANDO FL 32803 ORLANDO FL 32803

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 59-3002376 ✓ Applied For
 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
 SCHRIMSHER, J. STEVEN ✓
 600 EAST COLONIAL DRIVE, SUITE 100
 ORLANDO FL 32803

7. Name and Address of New Registered Agent
 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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$2,250,000.00 ✓ **10. Amount of Capital Contributions in FLORIDA to date.** 2,250,000.00 **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	
DOCUMENT #	P98000005938 ✓
NAME	SCHRIMSHER, INC. ✓
STREET ADDRESS	600 EAST COLONIAL DRIVE, SUITE 100 ✓
CITY-ST-ZIP	ORLANDO FL 32803 ✓
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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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: ✓ *Steven Schrimsher* **REQUIRED** Steven Schrimsher 2/25/01 (407) 423-7600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)