

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR -6 AM 10:44

DOCUMENT # A29553 ✓ 1. Entity Name SCHRIMSHER LAND FUND VI, LTD. ✓	
Principal Place of Business 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 ✓	Mailing Address 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 ✓
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 59-3002376 ✓	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  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) 888832962520 04/16/04--01054--001 **2105.00 City FL Zip Code
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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. \$2,250,000.00 ✓	10. Amount of Capital Contributions in FLORIDA to date. 2,250,000.00	11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # P98000005938 ✓	NAME SCHRIMSHER, INC. ✓	STREET ADDRESS	
STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100	CITY-ST-ZIP ORLANDO FL 32803	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

STAPLE CHECK HERE

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:**  J. Steven Schrimsher 4-10-04 407-423-7600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #