


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

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



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

1st MOORE CR2E003 (10/05)  
4. FEI Number **59-3002376** ✓ Applied For Not Applied  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHRIMMER, 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. 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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, 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 CITY-ST-ZIP	<b>P980J0005938</b> <b>SCHRIMSHER, INC.</b> ✓ <b>600 EAST COLONIAL DRIVE, SUITE 100</b> <b>ORLANDO FL 32803</b>	STREET ADDRESS CITY-ST-ZIP	<b>400000492628</b> <b>04/11/06-80082-014 500.00</b>
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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 partner or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:  **J. Steven Schrimsher** 118106 407-423-760