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

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## **FILED** Mar 12, 2008 08:00 A Secretary of State DOCUMENT # A29553 1. Entity Name SCHRIMSHER LAND FUND VI, LTD. Principal Place of Business 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. ₹, etc. 1st MOORE CR2E003 (10/07) Applied For City & State City & State 59-3002376 Not Applicable Ζıp Country Zıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHRIMSHER, J. STEVEN 600 EAST COLONIAL DRIVE, SUITE 100 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32803 Zip Code City 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 Signature, typed or printed marter of registered agent and title if applicable 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # P98000005938 STREET ADDRESS NAME SCHRIMSHER, INC. STREET ADDRESS 600 EAST COLONIAL DRIVE, SUITE 100 CITY-ST-7IP />フラランñă=ăññ51-012 500.00 CITY-ST-ZIP ORLANDO FL 32803 DOCUMENT # STREET ADDRESS NAME STREET ADORESS CHY-ST-7IP CITY-ST-7iP DOCUMENT ≱ STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCCUMENT # STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY- ST-7IP 14. I hereby certify that the information supplied with this filling 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 fimited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

J. Steven Schrimsher 3.10.08 (407) 423.7600
GENERAL PARTNER
Date
Date
Date
Description