2002 UNIFORM BUSINESS REPORT (UBR)

A32078 **DOCUMENT #**

1. Entity Name

GORDON PROPERTY COMPANY VI, L.P., LTD.

Principal Place of Business

Mailing Address

PO BOX 1030 O'FALLON MO 63366 23123 S STATE ROAD 7. #301 **BOCA RATON FL 32428**

APPROVEL AND FILED

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SECRETARY OF STATE TAULAHASSEE, FLORIDA



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6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORDON, JAMES N. 21123 SOUTH STATE ROAD 7 SUTE 301 BOCA RATON FL 33428 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flor da. SIGNATURE 11. MAKE CHECK PAYABLE TO DET. OF STATE 9. Capital Contributions as Shown on record. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. 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. STREET ADDRESS ORTY-ST-2P BOCA RATON FL 33428 ORTY-ST-2P STREET ADDRESS ORTY-ST-2P CHY-ST-2P CHY-ST-2P CHY-ST-2P STREET ADDRESS ORTY-ST-2P BOCUMENT / NAME STREET ADDRESS ORTY-ST-2P STREET ADDRES	City & State				City & State			4. FEI Number	FEI Number 43-1593738				
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23123 SOUTH STATE ROAD 7 SUITE 301 BOCA RATON FL 33428 City FL Zip Code City FL Zi	CORDON IMMES N						Character (D.O. Boy Number is Not Acceptable)						
SUITE 301 BOCA RATON FL 33428 City FL Zip Code							Street Address (P.O. Box Number is Not Acceptable)						
BOCA RATON FL 33428 City FL Zip Code 6. 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 Signature, typed or printed name of implement agent and see faccinative. 9. Capital Contributions as Shown on record. A GENERAL PARTINER 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 filled to change a general partner. 12. GENERAL PARTINER INFORMATION 13. ADDRESS CHANGES ONLY OCCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP OCCUMENT / ST-ZIP OCCUMENT / NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-Z			E RUAD I										
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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	14 Lhoroby c	entify that t	he information supplied	with this fili	ng does not qualify fo	or the ex	emption stated i	in Section 119.07(3)(i), Florida Statutes. I fur	ther cert	ify tha	t the information	

indicated on this report is true and accurate and that my signature shall have the same legal elect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

REQUIRED James N. Gordon

(561) 451-0220

Daytime Phone #

CR2E003 (9/01)