

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A32078</b> 1. Entity Name GORDON PROPERTY COMPANY VI, L.P., LTD.					
Principal Place of Business PO BOX 1030 O'FALLON, MO 63366		Mailing Address 23123 S STATE ROAD 7, #301 BOCA RATON, FL 32428			
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>43-1593738</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  GORDON, JAMES N. 23123 SOUTH STATE ROAD 7 SUITE 301 BOCA RATON, FL 33428		7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GORDON, JAMES N.		CITY - ST - ZIP		
STREET ADDRESS	23123 SOUTH STATE RD. 7, SUITE 301		CITY - ST - ZIP		
CITY - ST - ZIP	BOCA RATON, FL 33428		CITY - ST - ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date _____		Daytime Phone # _____



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