2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

| | | | na.ş 1, 2001 | | | | | | |
|---|-----------------|--------------------------|--------------------------------|----------------------|--|--|------------------|------------------------------|-----------------------------|
| DOCUI 1. Entity Nam A TO Z VI | e | # A9400000 s, LTD. | 1061 | | | FILED 2007 MAR 13 AM 10: 07 | | | |
| | | | | # | | | | | |
| Principal Place of Business Mailing Address | | | | | | | CEODETA | | |
| 5700 LAKE WORTH RD 5700-LAKE W | | | | WORTH RD | | | SECRETA | RY OF STATE SSEE, FLORIDA | |
| SUITE 305 SUITE 305 | | | | | | | IALLAHAS | SEE, FLORIDA | |
| LAKE WORTH, FL 33463 LAKE WORTH, FL 3346 | | | | | | | | | |
| 2. Principal Place of Business* No P.O. Box # 3. Mailing Address | | | | | • | | | | |
| Suite, Apt. | #, etc. | | Suite, Apt. #, etc. | | | 01042007 | Chg-LP | CR2E003 (12/06) | |
| City & State | | | City & State | | | 4. FEI Number 65-05213 | 312 | <u> </u> | oplied For ot Applicable |
| Zip | Country | | Zip | Cou | ntry | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | |
| | 6. Name | and Address of Currer | nt Registered Agent | | 7. Name and Address of New Registered Agent | | | | |
| AME 0 50 | | | | Name AMES_ RONALD | | | | | |
| AMES, RO | | HGHWAY, SUITE 2 | ?∩ 4 | | Street Address (P.O. Box Number is Not Acceptable) #-200 | | | | |
| BOGA RA | | | .04 | | 5700 | hake Wo | rth Roa | I suite | |
| | • | | | | | | | | |
| | | | | | City Kah | Wath | | FL Zip Cod | 763 |
| 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 name of registered agent and title if applicable. | | | | | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | | | | | | | | |
| 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 PARTN | ER INFORMATION | 13. | | | ADDRESS CH | ANGES ONLY | 2 |
| DOCUMENT# | P9400005 | 56020 | STRE | | EET ADDRESS | | | <i>1</i> ° | , |
| NAME | | ENTURES A, INC. | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | MPTON BLVD. | | CITY- | | | | | |
| **** | | TON, FL 33496 | | | | | | | |
| DOCUMENT # NAME | P9400005 | ENTURES D. INC. | | STF | EET ADDRESS | | | | |
| STREET ADDRESS | | 97TH AVE | | l | | 10 | 100094522591 | | |
| CITY-ST-ZIP | 4 | ND, FL 33076 | | CIT | Y-ST-ZIP | 03/23/0701049019 **500.00 | | | |
| DOCUMENT # | P9400005 | 56023 ENTURES Z. INC. | | STF | REET ADDRESS | DDRESS | | | |
| STREET ADDRESS | | /. 72ND AVENUE, 8 | 176-18 2 | Í | Y-ST-ZIP | | | ··· · | |
| CITY-ST-ZIP | DAVIE, FL 33309 | | | | 1-31-21 | | | | |
| - DOCUMENT / | | | | STF | REET ADDRESS | | | • | |
| STREET ADDRESS | 1 | | | СІТ | Y-ST-ZIP | | | | |
| CITY-ST-ZIP | | | | | | | | | |
| DOCUMENT * | | | | STF | REET ADDRESS | | | | |
| NAME CREET ADDRESS | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CIT | Y-ST-ZIP | | | | |
| DOCUMENT / NAME | | | | STF | REET ADDRESS | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | CIT | Y-ST-ZIP | | | | |
| 44 | andification | no information punctical | with this filing does not also | lify for the c | exemptions contain | ned in Chapter 119 | Florida Statutes | I further certify that the | information |
| 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 partnership or the receiver or trustee empowered to execute this seport as required by Chapter 620, Florida Statutes AtoZ VIIII AtoC | | | | | | | | | |
| SIGNATURE: Rul amis, Prio 2/2/07 361-296-5152 | | | | | | | | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Daylime Phone * | | | | | | | | | |