

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 29 PM 12:43

LC 10/30

1. Name of Limited Partnership MARINER HEALTH PROPERTIES VI, LTD.	1a. DOCUMENT # A95000001729
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Mailing Address 45 SETON TRAIL ORMOND BEACH FL 32176	Principal Office Address 45 SETON TRAIL ORMOND BEACH FL 32176	3. Date Formed or Registered 11/15/1995	5a. Capital Contributions as Shown on record \$10.00
		3a. Date of Last Report 11/20/1995	
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address 125 EUGENE O'NEILL DRIVE Suite, Apt. #, etc. NEW LONDON, CT City & State 06320 U.S. Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 57-3359078	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) MARINER HEALTH OF FLORIDA, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 125 EUGENE O'NEILL DR	11b. City, State & Zip Code NEW LONDON CT 06320	11c. Registration/Document Number F96000001108
100001992351--4 -10/31/96--01067--017 ****191.25 ****191.25			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

ARTHUR W. STRATTON, JR.

Daytime Telephone Number _____

10/21/96
860-701-2000

CR2E003 (6/96)