2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001829

1. Entity Name
SIX E PARTNERS, LTD.

Principal Place of Business	Mailing Address
12334 SUMMEPORT LANE WINDERMERE FL 34786	12334 SUMMEPORT LANE WINDERMERE FL 34786

MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3402942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ENGSTROM, DEAN C 12334 SUMMEPORT LANE WINDERMERE FL 34786	Name Street Address (P O. Box Number is Not Acceptable) City FL 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 ________
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	$1,538,000.00	10. Amount of Capital Contributions in FLORIDA to date.	1,538,000.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #			
NAME	ENGSTROM, DEAN C	STREET ADDRESS	
STREET ADDRESS	12334 SUMMEPORT LANE		
CITY-ST-ZIP	WINDERMERE FL 34786	CITY-ST-ZIP	100000111578 ~~04/13/04 00025 001 526.25~~
DOCUMENT #			
NAME	ENGSTROM, MARY R	STREET ADDRESS	
STREET ADDRESS	12334 SUMMEPORT LANE		
CITY-ST-ZIP	WINDERMERE FL 34786	CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #			
NAME		STREET ADDRESS	
STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	

STAPLE CHECK HERE

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: Dean C Engstrom 1-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #