

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000001829			
1. Entity Name SIX E PARTNERS, LTD.			
Principal Place of Business 12334 SUMMEPORT LANE WINDERMERE FL 34786		Mailing Address 12334 SUMMEPORT LANE WINDERMERE FL 34786	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E003 (10/06)

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 ENGSTROM, DEAN C 12334 SUMMEPORT LANE WINDERMERE FL 34786		7. Name and Address of New Registered Agent 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.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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	STREET ADDRESS	
NAME	ENGSTROM, DEAN C	CITY - ST - ZIP	000000730871
STREET ADDRESS	12334 SUMMEPORT LANE		05/08/07-80096-020 500.00
CITY - ST - ZIP	WINDERMERE FL 34786		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	ENGSTROM, MARY R	CITY - ST - ZIP	
STREET ADDRESS	12334 SUMMEPORT LANE		
CITY - ST - ZIP	WINDERMERE FL 34786		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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 report as required by Chapter 620, Florida Statutes

SIGNATURE: Dean C Engstrom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-27-07
Date

Daytime Phone #

STAPLE CHECK HERE