

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  
Land and Marine  
Secretary of State  
DIVISION OF CORPORATIONS

9600001989

FILED

97 FEB 27 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000001989

CNL RETAIL INVESTORS VI, LTD.

Mailing Address Principal Office Address

400 E. SOUTH STREET, SUITE 500 400 E. SOUTH STREET  
ORLANDO, FL 32801 SUITE 500  
ORLANDO, FL 32801

2. Mailing Address 2a. Principal Office Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

3. Date Formed or Registered  
10/28/1996

3a. Date of Last Report

4. State or Country of Formation  
FL

5a. Capital Contributions as Shown on record  
3,000,000.00

5b. Amount of Capital Contributions in FLORIDA to date:  
587,500.00

6. FEI Number  
59-3412364

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A  
400 E. SOUTH STREET, SUITE 500  
ORLANDO, FL 32801

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SENEFF, JAMES M JR.	400 E. SOUTH STREET,	ORLANDO, FL 32801	
BOURNE, ROBERT A	400 E. SOUTH STREET,	ORLANDO, FL 32801	
GOLDSTICK, PHILLIP C	400 E. SOUTH STREET,	ORLANDO, FL 32801	

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\*\*\*\*541.25 \*\*\*\*541.25

dec 541.25 (new bus)

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

Typed or Printed Name of General Partner Signer ROBERT A. BOURNE

Daytime Telephone Number 407-422-1574

DATE 1/9/97

CR2E003 (6/96)