FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A9600001989**

CNL RETAIL INVESTORS VI, LTD.

92-AR/Cus

FILED 97 NOV 20 AM 9: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA



		CM			
Malling Address	Principal Office Address 400 EAST SOUTH STREET. SUITE 500 ORLANDO FL 32801		3. Date Formed or Registered 10/28/1996 3a. Date of Last Report	5a. Capital Contributions as Shown on record.	
400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801					
ORLANDO PE 32001					
			02/27/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date:	
			FL	3,000,000	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-3412364	Not Applicable	
Zip Country	Zip (Country	7. Certificate of Status Desired	\$8.75 Additional	
DIP OCCINY	6.47		8. Make check payable to: Dept. of	State (See reverse side for fee informatio	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
DOUBLE DODEDT 4		Name			
BOURNE, ROBERT A 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
					City Zin Code
				City	
10a. Pursuant to the provisions of sections 620.10	X1 and 620, 192, Florida Statutes, the above-named	City Ilimited partnership org	panized or registered under the laws of t	FL Zip Code	
for the purpose of changing its registered of agent. I am familiar with, and accept the obli SIGNATURE (Registered Agent Accepting Appointme	nt) _	Himited partnership org da. Such change was a	uthorized by its general partner(s). I her	he State of Florida, submits this statemen oby accept the appointment of registores	
for the purpose of changing its registered of agent. I am familiar with, and accept the oblining SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ice or registered agent, or both, in the State of Florid gations of section 620.192, Florida Statutes. int) _ IAT IS A CORPORATION, LI	I limited partnership org da. Such change was a	uthorized by its general partner(s). I her DATE TNERSHIP OR OTHE	he State of Florida, submits this statemen oby accept the appointment of registores	
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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), Horida 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 early. 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 Signing Form

Robert A. Bourne

Daytime Telephone Number (407) 422-1574