2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 08:00 AM
Secretary of State

DOCUMENT # A96000001989

1. Entity Name
CNL RETAIL INVESTORS VI, LTD.

Principal Place of Business	Mailing Address
450 S. ORANGE AVENUE	450 S. ORANGE AVENUE
ORLANDO FL	ORLANDO FL
32801	32801

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		POST OFFICE BOX 4920	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: ORLANDO FL	
Zip	Country	Zip: 32802	Country

4. FEI Number 59-3412364 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BOURNE ROBERT A
450 S. ORANGE AVENUE
ORLANDO FL
32801 US

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.

SIGNATURE ______________________ 03/05/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 3,000,000.00

10. Amount of Capital Contributions in FLORIDA to date. 1,550,000.00

11. MAKE CHECK PAYABLE TO 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 #		STREET ADDRESS	
NAME	GOLDSTICK PHILLIP C		
STREET ADDRESS	450 S. ORANGE AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME	BOURNE ROBERT A		
STREET ADDRESS	450 S. ORANGE AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME	SENEFF JAMES MJR.		
STREET ADDRESS	450 S. ORANGE AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	ORLANDO FL 32801		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (11/00)

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: ROBERT A. BOURNE GP 03/05/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #