

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # A96000002308**1. Entity Name
CFI FUNDING VI, LTD.

Principal Place of Business

5601 WINDHOVER DRIVE

ORLANDO
328197905

FL

Mailing Address

5601 WINDHOVER DRIVE

ORLANDO
328197905

FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3443481Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CFI GENERAL FUNDING VI, INC.
C/O MICHAEL MARDER
135 WEST CENTRAL BLVD., SUITE 1100
ORLANDO
32801 US FL

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 _____ DATE **04/29/2001**

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. 0:0010. Amount of Capital Contributions
in FLORIDA to date. 0.00**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

DOCUMENT #
NAME CFI GENERAL FUNDING VI, INC.
STREET ADDRESS 135 WEST CENTRAL BLVD., SUITE 1100
CITY-ST-ZIP ORLANDO FL 32801DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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: **THOMAS F. DUGAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

T

04/29/2001

Date

Daytime Phone #

CR2E003 (11/00)