2000	UNIFORM BUS	INESS REPO	RT (UB	BR)	
DOCU 1. Entity Nam	MENT # A9800	0000571		,	
FLORENCIA, LTD.				FILED	
Principal Place of Business  2201 4TH STREET N. SUITE 200  ST PETERSBURG FL 33704  Mailing Address  2201 4TH STREET N. SUITE ST PETERSBURG FL 33704  ST PETERSBURG FL 33704-				OO APR 17 AN 8:57  SECRETARY OF STATE TALLAHASSEF, FLORIDA	
2. Principal Place of Business 3. Mailing Address				T 1801014 (BIA 1818) 1814) 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<u> </u>	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3496362 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	~~ ~ Name	7. Name and Address of New Registered Agent	
CHEEZEM, J. MICHAEL 2201 4TH STREET N, SUITE 200 ST PETERSBURG FL 33704				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 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.  \$851,800.00  10. Amount of Capital Contributions in FLORIDA to date.			ate.	72,600,000,00 SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER I NOTE: General Partners MA	THAT IS A BUSINESS ENT AY NOT be changed on th	TITY MUST BE e form; an am	BE REGISTERED AND ACTIVE WITH THIS OFFICE. amendment must be filed to change a general partner.	
12.	GENERAL PARTNE	R INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS	P9700064295 JMC COMMUNITIES VI, INC. 2201 4TH STREET N., SUITE 20	0	STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33704		U117-31-21F		
DOCUMENT# NAME	1		STREET ADDRESS	2000031970427 -04/05/0001066003	
STREET ADORESS CITY+ST-ZIP			CITY-ST-ZIP	-04/05/0001066003 ***276.25 ****526.25	
DOCUMENT# NAMÉ	. +		STREET ADDRESS	RESS	
STREET ADDRESS City-St-Zip			CITY-ST-ZIP		
DOCUMENT#					

CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

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:

NAME STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

Daytime Phone #