

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**


FILED

2004 JAN 16 AM 10:28

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



01062004 Chg-LP CR2E003 (10/03)

<b>DOCUMENT # A98000001310</b> 1. Entity Name <b>BEEMER &amp; ASSOCIATES VI, LTD.</b>	
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Principal Place of Business <b>13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224</b>	Mailing Address <b>13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3515916</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>ASHOURIAN, MIKE 13947 BEACH BLVD., SUITE 210 JACKSONVILLE, FL 32224</b>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$4,900.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	517147	STREET ADDRESS	
NAME	ASH PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	13947 BEACH BLVD., SUITE 210		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
DOCUMENT #		STREET ADDRESS	
NAME	ASHOURIAN, MIKE	CITY-ST-ZIP	
STREET ADDRESS	13947 BEACH BLVD., SUITE 210		
CITY-ST-ZIP	JACKSONVILLE, FL 32224		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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 680, Florida Statutes

SIGNATURE: \_\_\_\_\_ Date: **1-9-04** Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE