


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 31 PM 4: 15</b>	
1. Name of Limited Partnership		1a. DOCUMENT # <b>B93000000547</b>			
ARVIDA GRAND BAY LIMITED PARTNERSHIP-VI					
Mailing Address  900 NORTH MICHIGAN AVE., SUITE 2000 CHICAGO IL 60611		Principal Office Address  900 NORTH MICHIGAN AVE. SUITE 2000 CHICAGO IL 60611		3. Date Formed or Registered  12/13/1993	
2. Mailing Address  900 N. Michigan Avenue Suite, Apt. #, etc. 1900 City & State Chicago, Illinois Zip 60611		2a. Principal Office Address  900 N. Michigan Avenue Suite, Apt. #, etc. 1900 City & State Chicago, Illinois Zip 60611		3a. Date of Last Report  04/07/1998	
				4. State or Country of Formation  DE	
				5a. Capital Contributions as Shown on record.  \$211,676.00	
				5b. Amount of Capital Contributions in FLORIDA to date:  \$204,366.00	
				6. FEI Number  65-0462243	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired  <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					
10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL Zip Code					
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
ARVIDA GRAND BAY MANAGERS, I		900 N. MICHIGAN AVE.,		CHICAGO IL 60611	
				F93000001381	
				4000002749754--0 -01/21/99--01070--019 ****526.25 ****526.25	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
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), Florida 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 oath. 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 <u>Karen M. O'Mahoney</u> DATE <u>December 29, 1998</u>					
Typed or Printed Name of General Partner Signing Form <u>Karen M. O'Mahoney/Asst. Secretary</u> Daytime Telephone Number <u>(312) 915-1969</u>					

CR2E003 (8/98)