2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500000268 1. Entity Name VINTAGE PROPERTIES VI, LTD.					FIL SECRETARY DIVISION OF C	EG COF STATE ORPORATIONS	1	W
Principal Place of Business Mailing Address 5752 VINTAGE OAKS CIRCLE 5752 VINTAGE OAKS CIRCLE DELRAY BEACH FL 33484 DELRAY BEACH FL 33484-642					YAM GO	PM 12: 06		U
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State City & State					A SEL Number			
	······································				4: FEI NOITIDE 65-056238			Not Applicable
Zip	Country	Zip Cou		11ry	5. Certificate of		Fee R	5 Additional equired
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI FL 33133				City		F	L Zi	p Code
SIGNATURE . 9. Capital Co as Shown	on record.		ital Contri date.			11. MAKE CHECK PAYAE SEE REVERSE SIDE FIVE WITH THIS OFFI	LE TO D FOR FEE	
	NOTE: General Partners N	IAY NOT be changed on t	he form	n; an amendm	ent must be filed to	o change a general p	artner.	
12.	GENERAL PARTN	ER INFORMATION	13.			ADDRESS CHANGES (DNLY	
DOCUMENT # NAME STREET ADDRESS	P95000001078 AZA VENTURES VI, INC. 5752 VINTAGE OAKS CIRCLE		STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL 33484 F95000000890				900003278799 7			
NAME STREET ADDRESS	RBG XXIII CORP. 154 HUBBARD, SUITE 250		J	PEET ADDRESS	-06/06/0001095019 ****526.25 ****526.25			
CITY-ST-ZIP DOCUMENT# NAME	CHICAGO IL 60610		STR	REET ADDRESS	-	<u> </u>		
STREET ADDRESS CITY ST - ZIP	·	·	CITY	Y-ST-ZIP				
DOCUMENT# NAME			STP	REET ADDRESS				
STREET ADDRESS CITY - ST - ZIP			CIT	Y-ST-ZIP				
DOCUMENT # NAME			STF	NEET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CFT	Y-ST-ZIP			· · · · · ·	<u> </u>
DOCUMENT # NAME STREET ADDRESS				KEET ADORESS				
CITY-ST-ZIP	certify that the information supplied w	ith this filing does not qualify to		Y-ST-ZIP	Section 119 07(3)(i)	Florida Statutes I further	certify the	at the information
indicated the receiv	certify that the information supplied w I on this report is true and accurate ar ver or trustee empowered to execute t	nd that my signature shall have this report as required by Cha	e the sam pter 620,	e legal effect as i Florida Statutes	if made under oath; th	at I am a General Partner	of the lin	nited partnership or

4/28/w 501-494-7899
Date Dayline Phone #