U.S. RETAIL INCOME FUND VI, LIMITED PARTNERSHIP

B98000000085

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

ATLANTA GA 30339-3399

3350 RIVERWOOD PKWY., STE. 1500

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

ATLANTA GA 30339

3350 RIVERWOOD PKWY., STE. 1500

						\ <del>\</del>	5823	7180	)() <u>:</u>	-2	Not Applicable	
Zip	Country Zip				Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					
	6. Name a		7. Name and Address of New Registered Agent									
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address (P.O. Box Number is Not Acceptable)							
					City	FL Zip Code					Zip Code	
8. The above	named entity s	submits this statement for	the purpose	e of changing its re	gistered office o	r registered agen	nt, or both, i	in the State	of Florida.			
SIGNATURE .	Signature typed or	printed name of registered agent ar	nd title if applica	ble. (NOTE: R	legistered Agent signal	ture required when reins	stating)		D.	ATE		
9. Capital Contributions as Shown on record. \$3,450,000.00 In FLORIDA to da					Contributions	ibutions O ·			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
ببهما يتحسب ومعمورين	A GI NOTE:	ENERAL PARTNER TI General Partners MAY	HAT IS A I	BUSINESS ENTI changed on the	TY MUST BE form; an ame	REGISTERED andment must	AND ACT	TIVE WIT o change	HTHIS OF e a general	FICE: partr	ner.	
12.		GENERAL PARTNER	INFORMAT	ION	13.			ADDRES	S CHANGES	ONLY		
DOCUMENT# NAME	BVT INSTITUTIONAL INVESTMENTS, INC. 3350 CUMBERLAND CIRCLE, SUITE 1500				STREET ADDRESS	3350 R	Rivery	vood	Parke	UA Y	ste 1500	
STREET ADORESS CITY-ST-ZIP					CITY+ST-ZIP	Atlant	ta. C	JA	3033	9	, Ste 1500	
DOCUMENT# NAME	F940000056 VUWB INVE	616 STMENTS, INC.			STREET ADDRESS					•		
STREET ADORESS CITY-ST-ZIP		12ND STREET			CITY-ST-ZIP							
DOCUMENT# NAME					STREET ADDRESS						<del></del>	
STREET ADORESS CITY - ST - ZIP					CITY-ST-ZIP		40	<u>)OO''</u>	733.1 737.1 **141.2	7.	3549	
DOCUMENT# NAME					STREET ADDRESS			**	**141.2	25	****141.25	
STREET ADORESS CITY - ST - ZIP					CITY-ST-ZIP							
DOCUMENT# NAME					STREET ADDRESS							
STREET ADDRESS CITY-ST; ZIP					CITY-ST-ZIP							
DOCUMENT#					STREET ADDRESS							
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

Bunting Melanie

**SIGNATURE:**