2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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DOCUMENT # B98000000085 2005 APR 26 PH 12: 31 U.S. RETAIL INCOME FUND VI, LIMITED PARTNERSHIP SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3350 RIVERWOOD PKWY., STE. 1500 3350 RIVERWOOD PKWY., STE. 1500 ATLANTA, GA 30339 ATLANTA, GA 30339 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212005 CR2E003 (10/03) Chg-LP City & State City & State 4, FEI Number Applied For 58-2371800 Not Applicable Zip Country Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATIONAL CORPORATE RESEARCH, LTD. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$3,450,000.00 in FLORIDA to date. as Shown on record. 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY F01000003501 DOCUMENT # STREET ADDRESS NAME BVT INSTITUTIONAL INVESTMENTS, INC. STREET ADDRESS 3350 RIVERWOOD PKWY., STE. 1500 CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30339 F94000005616 DOCUMENT A STREET ADDRESS VUWB INVESTMENTS, INC. NAME STREET ADORESS 150 EAST 42ND STREET CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10017 <u>400054342754</u> 05/12/05--01080--003 **\$26,50 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

M. Scott Wegen

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770-618-3500

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