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SECRETARY OF STATE
TALLAHASSEE FLORIDA

2005 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # B99000000391			
1. Entity Name KOLL BREN FUND VI, LP.			
Principal Place of Business 4343 VON KARMAN AVENUE NEWPORT BEACH, CA 92660		Mailing Address 4343 VON KARMAN AVENUE NEWPORT BEACH, CA 92680	
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 33-0860429		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 the registered office of registered agent, or both, in the State of Florida. I am landlord with, and accept the obligations of registered agent.			
SIGNATURE <i>Connie Bryan</i>		DATE	
9. Capital Contributions as Shown on Record. \$15,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$15,000,000.00	
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 # NAME STREET ADDRESS CITY-ST-ZIP	GP0900001119 KBS INVESTORS V 4343 VON KARMAN AVENUE NEWPORT BEACH, CA 92660	STREET ADDRESS	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 and intended to execute this report as required by Chapter 689, Florida Statutes.			
SIGNATURE: <i>John Schreiber</i>		DATE: 10-28-2005	
SIGNATURE AND TYPED OR PRINTED NAME OF GENERAL PARTNER		DATE	
PARTNER OF KBS Investors V		949.417.6500	

nuh

②



CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

REINSTATEMENT 2005

STAPLE CHECK HERE

Division of Corporations

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LIMITED PARTNERSHIP REINSTATEMENT

KOLL BREN FUND VI, L.P.

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