


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000003930**  
 1. Entity Name  
 NATIONAL HOMES TRUST VI, INC.



Principal Place of Business: 12400 WILSHIRE BLVD., SUITE 1450, LOS ANGELES, CA 90025  
 Mailing Address: 12400 WILSHIRE BLVD., SUITE 1450, LOS ANGELES, CA 90025

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 95-4785430 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP PORATH, ARNOLD 12400 WILSHIRE BLVD., SUITE 1450 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCV LEVENSON, STEVEN 2082 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D POND, MATT 12400 WILSHIRE BLVD., SUITE 1450 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MELTZER, DAVID 12400 WILSHIRE BLVD., SUITE 1450 LOS ANGELES, CA 90025
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000006666  
 01/16/04-80042-021 61.25

**DO NOT WRITE IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MELTZER 1/12/04 (310) 826-3174  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #