
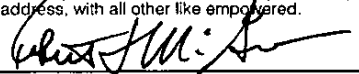


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2006 8:00 am**  
**Secretary of State**

09-06-2006 90033 006 \*\*\*150.00

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # F93000005480</b><br>1. Entity Name<br><b>REAL ESTATE CAPITAL INVESTORS CORP. VI</b>   |  |  |  |   |  |
| Principal Place of Business<br><b>REAL ESTATE CAPITAL PARTNERS LP</b><br><b>1185 AVE OF THE AMERICAS</b><br><b>NEW YORK, NY 10036 US</b>  |  |  | Mailing Address<br><b>REAL ESTATE CAPITAL PARTNERS LP</b><br><b>1185 AVE OF THE AMERICAS</b><br><b>NEW YORK, NY 10036 US</b> |  |  |
| 2. Principal Place of Business<br><b>Real Estate Capital Partners, L.P.</b><br>Suite, Apt. #, etc.<br><b>114 West 47<sup>th</sup> Street, 23<sup>rd</sup> Floor</b><br>City & State<br><b>New York, N.Y.</b><br>Zip<br><b>10036-1508</b>  |  | 3. Mailing Address<br><b>Real Estate Capital Partners, L.P.</b><br>Suite, Apt. #, etc.<br><b>114 West 47<sup>th</sup> Street, 23<sup>rd</sup> Floor</b><br>City & State<br><b>New York, N.Y.</b><br>Zip<br><b>10036-1508</b> |  | 4. FEI Number<br><b>07062006</b> Chg-P <b>CR2E034 (11/05)</b><br><b>13-3742449</b><br>Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |  |  | 6. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b><br><b>1201 HAYS STREET</b><br><b>SUITE 105</b><br><b>TALLAHASSEE, FL 32301</b>   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>   |  |  |  | 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.<br><br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>Due by September 6, 2006</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>SASS, MARTIN <input checked="" type="checkbox"/> Delete<br>1185 AVE OF THE AMERICAS<br>NEW YORK, NY  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Chairman - Kinney, Robert L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>114 W. 47 <sup>th</sup> Street, 23 <sup>rd</sup> Flr<br>New York, N.Y. 10036  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PVCD<br>KINNEY, ROBERT L <input type="checkbox"/> Delete<br>1185 AVE OF THE AMERICAS<br>NEW YORK, NY       |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President - Karin E. Shewer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>114 W. 47 <sup>th</sup> Street, 23 <sup>rd</sup> Flr<br>New York, N.Y. 10036   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>SHEWER, KARIN E <input type="checkbox"/> Delete<br>1185 AVE OF THE AMERICAS<br>NEW YORK, NY          |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Vice President - Doocy, Paul J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>114 W. 47 <sup>th</sup> Street, 23 <sup>rd</sup> Flr<br>New York, N.Y. 10036   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>LAMLE, HUGH R <input checked="" type="checkbox"/> Delete<br>1185 AVE OF THE AMERICAS<br>NEW YORK, NY |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ST - McGee, Robert J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>114 W. 47 <sup>th</sup> Street, 23 <sup>rd</sup> Flr<br>New York, N.Y. 10036   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>MCGEE, ROBERT J <input type="checkbox"/> Delete<br>1185 AVE OF THE AMERICAS<br>NEW YORK, NY           |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 607, 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:  <span style="float: right;">8/31/06 212-655-4393</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |  |  |  |  |  |