

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90221 012 ****50.00

DOCUMENT # MO1000001881

1. Entity Name
FUND VI PPOP, LLC

Principal Place of Business Mailing Address
225 WEST WASHINGTON ST., STE. 1640 **225 WEST WASHINGTON ST., STE. 1640**
CHICAGO IL 60606 **CHICAGO IL 60606**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

36

4. FEI Number **4461654** **APPLIED FOR**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 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 its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
 NAME **SCHWARTZ, DAVID R**
 STREET ADDRESS **225 WEST WASHINGTON ST., STE. 1640**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE **WATERTON RESIDENTIAL PROPERTY** ☒ Change ☐ Addition
 NAME **FUND VI, L.L.C.**
 STREET ADDRESS **225 W. WASHINGTON ST**
 CITY-ST-ZIP **SUITE 1640 CHICAGO, IL 60606 MGRM**

TITLE **MGRM** ☒ Delete
 NAME **VILIM, PETER M**
 STREET ADDRESS **225 WEST WASHINGTON ST., STE. 1640**
 CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

PETER M. VILIM

MEMBER

2/26/2002 (312)849.4541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)