2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000001881

1. Entity Name FUND VI PPOP, LLC

Principal Place of Business

ONE N FRANKLIN STREET

STE 1150 CHICAGO, IL 60606 Mailing Address

ONE N FRANKLIN STREET

STE 1150

CHICAGO, IL 60606

FILED May 24, 2004 08:00 AM Secretary of State



05062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4461654 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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PEANTATION, PE 35524		IN THIS SPACE	
	named entity submits this statement for the purpose of changing its register tions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (NOTE, Registers	od Agent signature required when reinstaking) DATE	
Fil Due t	ling Fee is \$50.00 by September 8, 2004		
9.	MANAGING MEMBERS/MANAGERS	1000000000000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATERTON RESIDENTIAL PROPERTY FUND VILLÖ ONE N FRANKLIN STREET STE 1150 CHICAGO, IL 60606	U00000151400 05/24/04-80006-023 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CRY-ST-ZP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS DITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZP			

11. Thereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited liability company or the receiver or truster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS

> Peter M. Vilim Managing Member

5-14-04

3129484500

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

Date

Daytme Phone #