

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90047 016 ****50.00

20051035



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		
2. Principal Place of Business 191 North Wacker Drive Suite, Apt. #, etc. Suite 2500		3. Mailing Address 191 North Wacker Drive Suite, Apt. #, etc. Suite 2500		04052005 Chg-LLC CR2E083 (10/03)	
City & State Chicago, IL		City & State Chicago, IL		4. FEI Number 36-4461654	
Zip 60606		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATERTON RESIDENTIAL PROPERTY FUND VI LLC ONE N FRANKLIN STREET STE 1150 CHICAGO, IL 60606		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HVP Pembroke Investors LLC 191 North Wacker Drive, Suite 2500 Chicago, IL 60606	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.					
*See attached Schedule A for signature block.					
SIGNATURE: <u><i>[Signature]</i></u>			4/28/05 312-541-6769		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT

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SCHEDULE A

HVP Pembroke Investors LLC, a Delaware
limited liability company

By: Heitman Value Partners Investments LLC, its
managing member

By: Heitman Value Partners, L.P.,
a managing member

By: Heitman Value Partners, LLC,
its general partner

By: Heitman Capital Management LLC,
its manager

By: Gail Carey
Name: Gail Carey
Title: Vice President and Assistant Secretary

And

By: Heitman value Partners (PF#1), L.P.,
a managing member

By: Heitman Value Partners, LLC,
its general partner

By: Heitman Capital Management LLC,
its manager

By: Gail Carey
Name: Gail Carey
Title: Vice President and Assistant Secretary