

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90111 033 \*\*\*\*50.00

**DOCUMENT # M01000001881**

1. Entity Name  
**FUND VI PPOP, LLC**



Principal Place of Business  
**191 NORTH WACKER DRIVE  
STE 2500  
CHICAGO, IL 60606**

Mailing Address  
**191 NORTH WACKER DRIVE  
STE 2500  
CHICAGO, IL 60606**

**20009821**



01062006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

**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 \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HVP PEMBROKE INVESTORS, LLC  
191 NORTH WACKER DRIVE, STE 2500  
CHICAGO, IL 60606**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. 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 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: Gail Carey Gail Carey  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/06 312/741-6767

# ATTACHMENT

20009821  
#101000001881  
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