

5/21

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90221 011 \*\*\*\*50.00

**DOCUMENT # M01000001882**

1. Entity Name

**FUND VI PATLOP, L.L.C.**

Principal Place of Business

**225 WEST WASHINGTON ST., STE. 1640  
CHICAGO IL 60606**

Mailing Address

**225 WEST WASHINGTON ST., STE. 1640  
CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**36-4461653****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  
NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME

**WATERTON RESIDENTIAL PROPERTY** ☐ Change ☒ Addition  
**FUND VI, L.L.C.**  
**225 W. WASHINGTON STREET STE 1640**  
**CHICAGO, IL 60606** **(MBR)**

☐ Change ☐ AdditionTITLE  
NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ AdditionTITLE  
NAME☐ DeleteSTREET ADDRESS  
CITY-ST-ZIPTITLE  
NAMESTREET ADDRESS  
CITY-ST-ZIP☐ Change ☐ Addition

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. VILUM****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)