


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M01000001882
 1. Entity Name
 FUND VI PATLOP, L.L.C.



Principal Place of Business ONE N FRANKLIN STREET 1150 CHICAGO, IL 60606	Mailing Address ONE N FRANKLIN STREET 1150 CHICAGO, IL 60606
---	---

DO NOT WRITE IN THIS SPACE



05062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4461653	Applied For Not Applicable
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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating!)


**Filing Fee is \$50.00
 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WATERTON RESIDENTIAL PROPERTY FUND VI LLC ONE N FRANKLIN STREET STE 1150 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000161401
 05/24/04-80006-024 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

5-13-04 312-948-4300
Date Daytime Phone #