

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90009 035 ****50.00

0043328

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

ONE N. FRANKLIN ST

3. Mailing Address

ONE N. FRANKLIN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1150

SUITE 1150

City & State

CHICAGO IL

City & State

CHICAGO, IL

Zip

IL 60606

Country

USA

Zip

60606

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

36-4461653

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**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **WATERTON RESIDENTIAL PROPERTY FUND VI LLC**
STREET ADDRESS **225 W WASHINGTON STREET STE 1640**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **ONE N. FRANKLIN ST. SUITE 1150**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

3/13/03 03129484500

CR2E083 (10/02)