2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000001883

FUND VI HCOP, L.L.C.

Principal Place of Business

ONE N FRANKLIN ST STE 1150

CHICAGO, IL 60606

Mailing Address

ONE N FRANKLIN ST STE 1150 CHICAGO, IL 60606

FILED

May 24, 2004 08:00 AM Secretary of State

05062004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 36-4461652 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

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8. The above named entity submits this statement for the purpose of change the obligations of registered agent	ging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or protein name of registered agent and title if applicable	(NOTE Registered Agent signature required when retrististing)	DATE
Filing Fee is \$50.00 Due by September 8, 2004		

MANAGING MEMBERS/MANAGERS ٥.

TETLE WATERTON RESIDENTIAL PROPERTY FUND, LLC NAME ONE N FRANKLIN ST., STE 1150 STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606 TRILE NAME STREET ADDRESS

U00000161399 05/24/04-80006-022 50.00

CDY-ST-78 TITLE 3343.85 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filling 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

Peter M. Vilim

5-14-04

312-948-4500

JRE:

Managing Member

SIGNATURE AND TYPED OF PENTION NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE