


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-22-2006 90111 031 ****50.00

DOCUMENT # M01000001883 1. Entity Name FUND VI HCOP, L.L.C.	
--	---

Principal Place of Business 191 N WACKER DR STE 2500 CHICAGO, IL 60606	Mailing Address 191 N WACKER DR STE 2500 CHICAGO, IL 60606
---	---

DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 36-4461652	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 _____
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 N WACKER DR STE 2500 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	

**DO NOT WRITE
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

2/15/06
Date

312/541-6767
Daytime Phone #

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

ATTACHMENT 20009823
M01000001883
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