

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90009 036 \*\*\*\*50.00

0043357

**DOCUMENT # M01000001883**

1. Entity Name

**FUND VI HCOP, 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 1150**

Suite, Apt. #, etc.

**SUITE 1150**

City & State

**CHICAGO IL**

City & State

**CHICAGO, IL**

Zip

**60606**

Country

**USA**

Zip

**60606**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

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**

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 **MGRM** ☐ Delete  
NAME **WATERTON RESIDENTIAL PROPERTY FUND, LLC**  
STREET ADDRESS **~~225 N WASHINGTON ST, SUITE 1640~~**  
CITY-ST-ZIP **CHICAGO IL 60606**

10. ADDITIONS/CHANGES

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/14/2003**

Date

**312 948 4500**

Daytime Phone #

CR2E083 (10/02)