

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN -4 PM 4:15

126/13

DOCUMENT # M02000001504					
1. Entity Name NET LEASE REALTY VI, LLC					
Principal Place of Business 450 S. ORANGE AVE. ORLANDO, FL 32801-3336			Mailing Address 450 S. ORANGE AVE. ORLANDO, FL 32801-3336		
2. Principal Place of Business		3. Mailing Address P.O. Box 4920			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Orlando, FL			
Zip	Country	Zip	Country	4. FEI Number 47-0873368	
32802				☐ CHECK HERE IF MAKING CHANGES	
5. 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			City		
State			State		
Zip Code			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.			9. Signature		
Signature, typed or printed name of registered agent and title if applicable.			DATE		
FILE NOW WITH FEES \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME
	MBR	Commercial net Lease Realty, Inc.	450 S. Orange Ave., Suite 900		300017128573
	Andrew L. Stidd	114 West 47th Street, Ste 1715	New York, NY 10036		04/28/03--01025--014 ***2210.00
	Kevin B. Habicht	450 So. Orange Avenue	Orlando FL 32801		
	GARY M. Ralston	450 So Orange Avenue	Orlando FL 32801		
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: Gal E. Whitworth			4-9-03 407-650-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

CR2E083 (10/02)