

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M03000003534

1. Entity Name

REALTY ASSOCIATES FUND VI LLC



Principal Place of Business

C/O TA ASSOCIATES REALTY  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

Mailing Address

C/O TA ASSOCIATES REALTY  
28 STATE STREET, 10TH FLOOR  
BOSTON, MA 02109

**FILED**  
05 MAR 10 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02092005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

02-0583629

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	REAL ASSOCIATES ADVISORS, LLC
STREET ADDRESS	28 STATE STREET, 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109

TITLE	
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CITY-ST-ZIP	

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CITY-ST-ZIP	

300048136293

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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.

Realty Associates Advisors LLC Manager, by Michael Ruane, Member

SIGNATURE: \_\_\_\_\_

*Michael Ruane*

2/28/05

617 476 2700

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

Date

Daytime Phone #

**CSC.**

CORPORATION SERVICE COMPANY

**M 030000003534**

ACCOUNT NO. : 072100000032

REFERENCE : 246634 ~~4304937~~

AUTHORIZATION : *Patricia Legato*

COST LIMIT : \$ 50.00

ORDER DATE : March 8, 2005

ORDER TIME : 10:03 AM

ORDER NO. : 246634-040

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst  
Mintz, Levin, Cohn, Ferris,  
One Financial Center

Boston, MA 02111

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: REALTY ASSOCIATES FUND VI LLC

**RECEIVED**  
05 MAR 10 AM 10:54  
CLERK OF THE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Heather Chapman - Ext. 2908

EXAMINER'S INITIALS: \_\_\_\_\_