

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M97000000868**

1. Entity Name  
**SPECIAL PROPERTY VI LLC**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*my*

00 JUL 10 AM 9:25

Principal Place of Business *19th* Mailing Address *19th*  
335 MADISON AVENUE. ~~26TH~~ FLOOR 335 MADISON AVENUE. ~~26TH~~ FLOOR  
NEW YORK NY 10017 NEW YORK NY 10017-4605



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3897606** 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  
TALLHASSEE FL 32301-2525**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

800003326998--8  
-07/18/00--01086--009  
\*\*\*\*\*400.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS / MEMBERS  
TITLE NAME  Delete  
MGRM CREDIT-BASED ASSET SERVICING & SEC. LLC  
STREET ADDRESS 335 MADISON AVENUE, ~~26TH~~ FLOOR *19th Floor*  
CITY-ST-ZIP NEW YORK NY 10017

10. ADDITIONS / CHANGES  
TITLE NAME  Change  Addition  
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: *CREDIT-BASED ASSET SERVICING AND SECURITIZATION LLC, its sole member*  
*BRUCE J. WILLIAMS PRES./CEO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date *6/18/00* Daytime Phone # *212/850-7700*

CR2E083 (9/7/99)