

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000868

1. Entity Name
SPECIAL PROPERTY VI LLC

FILED

01 JUL 17 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**335 MADISON AVENUE, 19TH FLOOR
NEW YORK NY 10017** **335 MADISON AVENUE, 19TH FLOOR
NEW YORK NY 10017**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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
TALLAHASSEE 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
Due By September 26, 2001**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM <input type="checkbox"/> Delete
NAME	CREDIT-BASED ASSET SERVICING & SEC. LLC
STREET ADDRESS	335 MADISON AVENUE, 19TH FLOOR
CITY-ST-ZIP	NEW YORK NY 10017
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Delete
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____

10. ADDITIONS/CHANGES

TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500004493445--8
STREET ADDRESS	-07/24/01--01053--002
CITY-ST-ZIP	****330.00 *****55.00
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	_____
STREET ADDRESS	_____
CITY-ST-ZIP	_____
TITLE	_____ <input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED** *SHARON KUSHNER SVP of member* *6-27-01* *212-880-7740*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

STAPLE CHECK HERE

CRZE083 (5/01)