

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2004 08:00 AM
Secretary of State

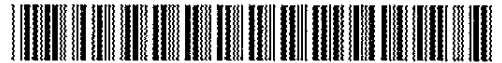
DOCUMENT # M97000000868

1. Entity Name
SPECIAL PROPERTY VI LLC



Principal Place of Business
335 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10017

Mailing Address
335 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10017



01062004 No Chg-LLC

CR2E083 (10/03)

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
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CREDIT-BASED ASSET SERVICING & SEC. LLC
335 MADISON AVENUE, 19TH FLOOR
NEW YORK, NY 10017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

000000004378
01/15/04-80009-022 \$5.00

**DO NOT WRITE
IN THIS SPACE**

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: Shari Kushner SHARI L. KUSHNER

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

01/06/2004 (212) 850 2208

Date

Daytime Phone #