

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

2006 APR 10 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Btk*



04052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 26-2067062	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

500059931125

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHKIN, LAURENCE 225 WEST HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLAVEN, ARTHUR 225 WEST HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LERNER, MICHAEL 1555 NORTH SHEFFIELD AVE. CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIVEN, BRIAN 1555 NORTH SHEFFIELD AVE. CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Arthur Slaven* 4/10/06 312)832 2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

M0500000002

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032  
REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

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2006 APR 10 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : April 7, 2006  
ORDER TIME : 9:01 AM  
ORDER NO. : 972309-005  
CUSTOMER NO: 7157078

*bx*

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM FLORIDA VI OWNER,  
L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

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

RECEIVED  
06 APR 10 AM 10:57  
DIVISION OF CORPORATION