2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
06 AUG 24 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200079097712

DOCUMENT # M04000001938

1. Entity Name
MCZ/CENTRUM BAYSHORE, LLC

Principal Place of Business	Mailing Address
1555 NORTH SHEFFIELD AVENUE CHICAGO, IL 60622	1555 NORTH SHEFFIELD AVENUE CHICAGO, IL 60622

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

06222006 Chg-LLC CR2ED83 (11/05)

4. FEI Number
20-0309302
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LERNER, MICHAEL 1555 NORTH SHEFFIELD AVENUE CHICAGO, IL 60622	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SLAVEN, ARTHUR 225 W. HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MCLINDEN, JOHN 225 W. HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ASHKIN, LAURENCE 225 W. HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 John McLinden MANAGER 8/23/06 312 832 2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

M04000001938

RECEIVED
06 AUG 24 PM 2:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 331749 7157078

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 50.00

ORDER DATE : August 23, 2006

ORDER TIME : 1:49 PM

ORDER NO. : 331749-005

CUSTOMER NO: 7157078

MK

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM BAYSHORE, L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pamela A Washington - Ext. 2936

EXAMINER'S INITIALS: _____