FILED
05 JUN -7 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003033

1. Entity Name
MCZ/CENTRUM FLORIDA III OWNER, L.L.C.

Principal Place of Business	Mailing Address
225 WEST HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610	225 WEST HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610

BK

06062005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1314640
☐ 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: Deborah D. Skipper Deborah D. Skipper Asst. V. Pres 6/7/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 7, 2005

800055862788

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	SLAVEN, ARTHUR
STREET ADDRESS	225 WEST HUBBARD STREET, 4TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	MGR
NAME	ASHKIN, LAURENCE
STREET ADDRESS	225 WEST HUBBARD STREET, 4TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	MGR
NAME	LERNER, MICHAEL
STREET ADDRESS	1555 NORTH SHEFFIELD AVENUE
CITY-ST-ZIP	CHICAGO, IL 60622
TITLE	MGR
NAME	NIVEN, BRIAN
STREET ADDRESS	1555 NORTH SHEFFIELD AVENUE
CITY-ST-ZIP	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 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: Laurence Ashkin 6-7-05 312-832-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CSC
CORPORATION SERVICE COMPANY

M04000003033

ACCOUNT NO. : 072100000032

REFERENCE : 413205 7157078

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

ORDER DATE : June 7, 2005

ORDER TIME : 1:50 PM

ORDER NO. : 413205-005

CUSTOMER NO: 7157078

CUSTOMER: Ms. Gia Bruno
Centrum Properties Inc.
4th Floor
225 West Hubbard Street
Chicago, IL 60610-4416

FILED
05 JUN -7 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

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

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

FILED
05 JUN -7 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____