

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M04000003210

1. Entity Name
MCZ/CENTRUM OCEANCREST, L.L.C.



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

Mailing Address
225 WEST HUBBARD STREET, 4TH FLOOR
CHICAGO, IL 60610

FILED
2006 APR 10 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
BK



04052006 No Chg-LLC CR2E083 (11/05)

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4. FEI Number 20-1423388	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____
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 May 1, 2006**

000069931660

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHKIN, LAURENCE 225 WEST HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLAVEN, ARTHUR 225 WEST HUBBARD STREET, 4TH FLOOR CHICAGO, IL 60610
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LERNER, MICHAEL 1555 NORTH SHEFFIELD AVENUE CHICAGO, IL 60622
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIVEN, BRIAN 1555 NORTH SHEFFIELD AVENUE CHICAGO, IL 60622
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UVA, KENNETH J 1209 ORANGE STREET WILMINGTON, DE 19801
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, JENNIFER A 1209 ORANGE STREET WILMINGTON, DE 19801
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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:

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

Laurence Ashkin 4/6/06 312 832 2500

Date Daytime Phone #



CORPORATION SERVICE COMPANY

104000003210

ACCOUNT NO. : 072100000032

REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006

ORDER TIME : 9:21 AM

ORDER NO. : 972309-080

CUSTOMER NO: 7157078

HK

2006 APR 10 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM OCEANCREST, 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: _____

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06 APR 10 AM 10:58
DIVISION OF CORPORATION