

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000003960

1. Entity Name

MCZ/CENTRUM FLORIDA IV OWNER, 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

BK

FILED
05 JUN -9 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06072005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

20-1635712

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 _____

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**

100055969931

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ASHKIN, LAURENCE
STREET ADDRESS 225 WEST HUBBARD STREET, 4TH FLOOR
CITY-ST-ZIP CHICAGO, IL 60610

TITLE MGR
NAME SLAVEN, ARTHUR
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

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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: _____

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

Date

Daytime Phone #

Laurence Ashkin 6-7-05 312-832-2500



CORPORATION SERVICE COMPANY

104000003960

ACCOUNT NO. : 072100000032

REFERENCE : 416013 71570

AUTHORIZATION

Patricia Pigute

COST LIMIT : \$ 50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN -9 AM 10:57

FILED

ORDER DATE : June 8, 2005

ORDER TIME : 9:29 AM

ORDER NO. : 416013-020

CUSTOMER NO: 7157078

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

BK

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM FLORIDA IV OWNER,
LLC

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DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____