


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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
---	---

PK



06072005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1635712	Applied For <input type="checkbox"/> 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 _____ (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	

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 #



M0400000 3960

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 416013 71570

AUTHORIZATION

Patricia Pizuto

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

RECEIVED
05 JUN -9 AM 10:43
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: _____