

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000004767

1. Entity Name

MCZ/CENTRUM FLORIDA IV OWNER, L.L.C.



Principal Place of Business

225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

Mailing Address

225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

BK

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05 JUN -9 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06072005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number

20-1740539

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

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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**

600055869646

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE MGR
NAME LERNER, MICHAEL
STREET ADDRESS 1555 NORTH SHEFFIELD AVE.
CITY-ST-ZIP CHICAGO, IL 60622

TITLE MGR
NAME NIVEN, BRIAN
STREET ADDRESS 1555 NORTH SHEFFIELD AVE.
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

104000004767

ACCOUNT NO. : 072100000032

REFERENCE : 416013 7157078

AUTHORIZATION

Patricia Pigato

COST LIMIT : \$ 50.00

ORDER DATE : June 8, 2005

ORDER TIME : 9:26 AM

ORDER NO. : 416013-005

CUSTOMER NO: 7157078

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

BYK

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM FLORIDA IV OWNER,
LLC

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: _____

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DIVISION OF CORPORATION