### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # M0400005231

1. Entity Name

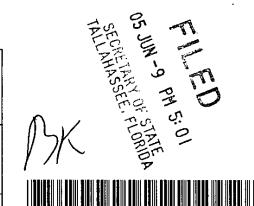
MCZ/CENTRUM FLORIDA V OWNER, LLC

Principal Place of Business

Mailing Address

225 WEST HUBBARD, 4TH FLOOR CHICAGO, IL 60610

225 WEST HUBBARD, 4TH FLOOR CHICAGO, IL 60610



06072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

# DO NOT WRITE IN THIS SPACE

8. The a	pove named entity submits this statement for the purpose of changing it	ts registered office or registered :	agent, or both, in the State of Florida.	I am familiar with, and accept
the ol	ligations of registered agent.			
SIGNAT	JRE			

(NOTE: Registered Agent signature required when reinstating)

#### Filing Fee Is \$50.00 Due by September 7, 2005

500055969655

DATE

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 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	<u> </u>
STREET ADDRESS	1

## 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 rify 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 of the receiver or trustee employeed to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

CITY-ST-ZIP

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

Cer 6-7-05

312-832-2500

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ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 50.00

751,6013.

ORDER DATE: June 8, 2005

ORDER TIME : 9:27 AM

ORDER NO. : 416013-010

CUSTOMER NO: 7157078

CUSTOMER: Ms. Jennifer R. Mulvaney

Centrum Properties Inc.

4th Floor

225 West Hubbard Street Chicago, IL 60610-4416

#### ANNUAL REPORT FILING

NAME:

MCZ/CENTRUM FLORIDA V 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:

DIVISION OF CORPORATION