


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
05 JUN -9 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000005233	
1. Entity Name MCZ/CENTRUM JEFFERSON, 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
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DO NOT WRITE IN THIS SPACE

06072005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-1818145	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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**

800055969708

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASHKIN, LAURENCE 225 WEST HUBBARD, 4TH FLOOR CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLAVEN, ARTHUR 225 WEST HUBBARD, 4TH FLOOR CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LERNER, MICHAEL 1555 NORTH SHEFFIELD AVENUE CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIVEN, BRIAN 1555 NORTH SHEFFIELD AVENUE 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: <i>Laurence Ashkin</i>	<i>6-7-05</i>	<i>312-832-2500</i>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>



CORPORATION SERVICE COMPANY

M04000005233

ACCOUNT NO. : 072100000032

REFERENCE : 416013 7157078

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 8, 2005

ORDER TIME : 9:28 AM

ORDER NO. : 416013-015

CUSTOMER NO: 7157078

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

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ANNUAL REPORT FILING

NAME: MCZ/CENTRUM JEFFERSON, 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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05 JUN -9 AM 10:43
DIVISION OF CORPORATION