

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

BK

FILED
2006 APR 10 PM 5:03
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



04052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1818145

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 May 1, 2006**

600069931526

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

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/6/06 3208322500



CORPORATION SERVICE COMPANY

M 1000005233

ACCOUNT NO. : 072100000032

REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006

ORDER TIME : 9:23 AM

ORDER NO. : 972309-095

CUSTOMER NO: 7157078

FILED
2006 APR 10 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM JEFFERSON, L.L.C.

RECEIVED
06 APR 10 AM 10:59
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: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____