

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

2006 APR 10 PM 4: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M05000000002

1. Entity Name  
MCZ/CENTRUM FLORIDA VI 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



04052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
26-2067062

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**

500058931125

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
NIVEN, BRIAN  
1555 NORTH SHEFFIELD AVE.  
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

Arthur Slaven

4/6/06

Date

312 832 2500

Daytime Phone #



CORPORATION SERVICE COMPANY

M05000000002

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006

ORDER TIME : 9:01 AM

ORDER NO. : 972309-005

CUSTOMER NO: 7157078

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM FLORIDA VI OWNER,  
L.L.C.

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: \_\_\_\_\_

RECEIVED  
06 APR 10 AM 10:57  
DIVISION OF CORPORATION