

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000002

FILED  
Jul 26, 2007  
Secretary of State

Entity Name: MCZ/CENTRUM FLORIDA VI OWNER, L.L.C.

**Current Principal Place of Business:**

225 WEST HUBBARD, 4TH FLOOR  
CHICAGO, IL 60610

**New Principal Place of Business:**

**Current Mailing Address:**

225 WEST HUBBARD, 4TH FLOOR  
CHICAGO, IL 60610

**New Mailing Address:**

FEI Number: 26-2067062      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGR      ( ) Delete  
Name: ASHKIN, LAURENCE  
Address: 225 WEST HUBBARD STREET, 4TH FLOOR  
City-St-Zip: CHICAGO, IL 60610

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: SLAVEN, ARTHUR  
Address: 225 WEST HUBBARD STREET, 4TH FLOOR  
City-St-Zip: CHICAGO, IL 60610

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: LERNER, MICHAEL  
Address: 1555 NORTH SHEFFIELD AVE.  
City-St-Zip: CHICAGO, IL 60622

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR      ( ) Delete  
Name: NIVEN, BRIAN  
Address: 1555 NORTH SHEFFIELD AVE.  
City-St-Zip: CHICAGO, IL 60622

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURENCE ASHKIN

MGR

07/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date