

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000074

FILED
Apr 22, 2009
Secretary of State

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

Current Principal Place of Business:

225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

New Principal Place of Business:

225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60654

Current Mailing Address:

225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

New Mailing Address:

225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60654

FEI Number: 20-2085513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

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

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

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

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

Title: MGR () Delete
Name: GELMAN, JEFFERY
Address: 100 HARBOR WAY
City-St-Zip: HOBE SOUND, FL 33455 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ASHKIN, LAURENCE
Address: 225 WEST HUBBARD, 4TH FLOOR
City-St-Zip: CHICAGO, IL 60654

Title: MGR (X) Change () Addition
Name: SLAVEN, ARTHUR
Address: 225 WEST HUBBARD, 4TH FLOOR
City-St-Zip: CHICAGO, IL 60654

Title: MGR (X) Change () Addition
Name: LERNER, MICHAEL
Address: 1555 NORTH SHEFFIELD AVE.
City-St-Zip: CHICAGO, IL 60642

Title: MGR (X) Change () Addition
Name: NIVEN, BRIAN
Address: 1555 NORTH SHEFFIELD AVE.
City-St-Zip: CHICAGO, IL 60642

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: ARTHUR SLAVEN

MGR

04/22/2009

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