


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90080 041 ****50.00

| | | |
|---|--|---|
| DOCUMENT # M05000001918 | |  |
| 1. Entity Name MCZ/CENTRUM FLORIDA X, 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 |
|---|---|

| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



04022007 Chg-LLC CR2E083 (12/06)

| | | |
|---|--|--|
| 4. FEI Number 20-2632852 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | | | |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

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 May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|-------------------------------------|--|-----------------------|---|--|
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ASHKIN, LAURENCE | | NAME | | |
| STREET ADDRESS | 225 WEST HUBBARD, 4TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60610 | | CITY-ST-ZIP | | |
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MCLINDEN, JOHN | | NAME | | |
| STREET ADDRESS | 225 WEST HUBBARD, 4TH FLOOR | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60610 | | CITY-ST-ZIP | | |
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LERNER, MICHAEL | | NAME | | |
| STREET ADDRESS | 1555 NORTH SHEFFIELD AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60622 | | CITY-ST-ZIP | | |
| TITLE | MGR <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | NIVEN, BRIAN | | NAME | | |
| STREET ADDRESS | 1555 NORTH SHEFFIELD AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | CHICAGO, IL 60622 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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: Michael Lerner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #