



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002613 1. Entity Name MCZ/CENTRUM FLORIDA XV, L.L.C.	
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Principal Place of Business 225 WEST HUBBARD, 4TH FLOOR CHICAGO, IL 60610	Mailing Address 225 WEST HUBBARD, 4TH FLOOR CHICAGO, IL 60610
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DO NOT WRITE IN THIS SPACE

FILED
 2006 APR 10 PM 4:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04052006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2738586	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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 _____

Signature, typed or printed name of registered agent and title if applicable.


Filing Fee is \$50.00
Due by May 1, 2006

000069932080

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 MCLINDEN, JOHN 225 WEST HUBBARD, 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	

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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:  JOHN MCLINDEN 4/6/06 312-832-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #



CORPORATION SERVICE COMPANY

M05000002613

ACCOUNT NO. : 072100000032

REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006

ORDER TIME : 9:09 AM

ORDER NO. : 972309-030

CUSTOMER NO: 7157078

BK

2006 APR 10 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM FLORIDA XV, 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 10:58
DIVISION OF CORPORATION