

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002613

1. Entity Name

MCZ/CENTRUM FLORIDA XV, 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

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



04052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-2738586

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**

000069932080

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

Date

Daytime Phone #

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



CORPORATION SERVICE COMPANY

105000002613

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

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

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