Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000087412 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Number : I20020000140

: (561)844-3600 Phone : (561)842-4104 Fax Number

Account Name : COHEN, NORRIS, SCHERER, WEINBERGER

Enter the email address for this business entity to be used for furtile annual report mailings. Enter only one email address please.

	Address:			
r.marı	ADDTESS:			

LLC REGISTERED AGENT CHANGE MCZ/CENTRUM FLORIDA XIV, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

T. CLINE

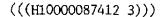
APR 19 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:MCZ/	CENTRUM FLORIDA XIV. L.L.C.
2. (a) Principal office address of limited liability compa	ny: 225 WEST HUBBARD, 4TH FLOO
(Note: MUST BE STREET ADDRESS)	CHICAGO, IL 60654
(b) Mailing address of limited liability company:	225 WEST HUBBARD, 4TH FLOOR
(Note: MAY BE POST OFFICE BOX)	CHICAGO, IL 60654
5/17/2005	M05000002615
3. Date of filing/registration in Florida	Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STREET ARE TALLAHASSEE, FL 32308
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	mo - m
NEW Registered Agent:	STEVEN NEWBURGH 35 8
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	C/O COHEN, NORRIS, SCHERER 712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH ,FL 33408
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability companies of the properties of the limited liability companies of the limited liability companies of a member of a member of a member of a member of the limited or typed name of since	s) was/were authorized by an affirmative vote crwise provided in the articles of organization y.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provided am familiar with and accept the obligations of my postpater 608, F.S. Dr. if this affiliately is being filed to middress, I hereby confirm that the limited liability company. Signature of Registered Agent	
Division of Corporations, P.O. Box 63	527. Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (05/08)