


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002616 1. Entity Name MCZ/CENTRUM FLORIDA XIII, 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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FILED

2006 APR 10 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JK



DO NOT WRITE IN THIS SPACE

04052006 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 20-2738541	Applied For 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
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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 _____

Filing Fee is \$50.00 Due by May 1, 2006	000069932160
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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	

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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

M65 000002616

ACCOUNT NO. : 072100000032
REFERENCE : 972309 7157078
AUTHORIZATION :
COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006
ORDER TIME : 9:11 AM
ORDER NO. : 972309-040
CUSTOMER NO: 7157078

BK

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM FLORIDA XIII, 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