## 2007 LIMITED LIABILITY COMPANY

## Apr 10, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # M05000005124 04-10-2007 90080 040 \*\*\*\*50.00 MCZ/CENTRUM FLORIDA XVII, L.L.C. Principal Place of Business Mailing Address 00034511 225 WEST HUBBARD, 4TH FLOOR 225 WEST HUBBARD, 4TH FLOOR CHICAGO, IL 60610 CHICAGO, IL 60610 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-3463059 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) DATE Filing Fee Is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Delete ☐ Change ☐ Addition TITLE TITLE SLAVEN, ARTHUR NAME 225 WEST HUBBARD, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60610 CITY-ST-ZIP MGR ☐ Delete ☐ Change ☐ Addition TITLE MCLINDEN, JOHN NAME NAME 225 WEST HUBBARD, 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60610 CITY-ST-ZIP MGR ☐ Delete ☐ Change ☐ Addition TITLE TITLE LERNER, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1555 NORTH SHEFFIELD AVE. CHICAGO, IL 60622 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE MGR NIVEN, BRIAN NAME NAME 1555 NORTH SHEFFIELD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60622 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 his report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: JRE: JULIAN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

Date Davtime Phone #

FILED