


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 2006 APR 10 PM 5:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M05000005215

1. Entity Name
 MCZ/CENTRUM FLORIDA XIX, 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
---	---

MK



04052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3475033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

400069931474

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SLAVEN, ARTHUR 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 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NIVEN, BRIAN 1555 NORTH SHEFFIELD AVE. CHICAGO, IL 60610
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:  *John McLinden* *3/28/06* *416166*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



CORPORATION SERVICE COMPANY

M05 000005 215

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

FILED
2006 APR 10 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : April 7, 2006
ORDER TIME : 9:23 AM
ORDER NO. : 972309-100
CUSTOMER NO: 7157078

BK

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM FLORIDA XIX,
L.L.C.

RECEIVED
06 APR 10 AM 10:59
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____