

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005215

FILED
Jul 26, 2007
Secretary of State

Entity Name: MCZ/CENTRUM FLORIDA XIX, L.L.C.

Current Principal Place of Business:

225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

New Principal Place of Business:

Current Mailing Address:

225 WEST HUBBARD, 4TH FLOOR
CHICAGO, IL 60610

New Mailing Address:

FEI Number: 20-3475033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SLAVEN, ARTHUR
Address: 225 WEST HUBBARD, 4TH FLOOR
City-St-Zip: CHICAGO, IL 60610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: MCLINDEN, JOHN
Address: 225 WEST HUBBARD, 4TH FLOOR
City-St-Zip: CHICAGO, IL 60610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: LERNER, MICHAEL
Address: 1555 NORTH SHEFFIELD AVE.
City-St-Zip: CHICAGO, IL 60610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: NIVEN, BRIAN
Address: 1555 NORTH SHEFFIELD AVE.
City-St-Zip: CHICAGO, IL 60610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGR

07/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date