

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005218

FILED  
Apr 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

225 WEST HUBBARD, 4TH FLOOR  
CHICAGO, IL 60610

**New Principal Place of Business:**

225 WEST HUBBARD, 4TH FLOOR  
CHICAGO, IL 60654

**Current Mailing Address:**

225 WEST HUBBARD, 4TH FLOOR  
CHICAGO, IL 60610

**New Mailing Address:**

225 WEST HUBBARD, 4TH FLOOR  
CHICAGO, IL 60654

FEI Number: 20-3474965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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:**

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

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

Title: MGR ( ) Delete  
Name: LERNER, MICHAEL  
Address: 1555 NORTH SHEFFIELD AVE.  
City-St-Zip: CHICAGO, IL 60622

Title: MGR ( ) Delete  
Name: NIVEN, BRIAN  
Address: 1555 NORTH SHEFFIELD AVE.  
City-St-Zip: CHICAGO, IL 60622

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SLAVEN, ARTHUR  
Address: 225 WEST HUBBARD, 4TH FLOOR  
City-St-Zip: CHICAGO, IL 60654

Title: MGR (X) Change ( ) Addition  
Name: MCLINDEN, JOHN  
Address: 225 WEST HUBBARD, 4TH FLOOR  
City-St-Zip: CHICAGO, IL 60654

Title: MGR (X) Change ( ) Addition  
Name: LERNER, MICHAEL  
Address: 1555 NORTH SHEFFIELD AVE.  
City-St-Zip: CHICAGO, IL 60642

Title: MGR (X) Change ( ) Addition  
Name: NIVEN, BRIAN  
Address: 1555 NORTH SHEFFIELD AVE.  
City-St-Zip: CHICAGO, IL 60642

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

04/23/2009

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