


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
2006 APR 10 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M05000005853</b> 1. Entity Name MCZ/CENTRUM PARC CENTRAL, L.L.C.	
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Principal Place of Business 225 W. HUBBARD, 4TH FLOOR CHICAGO, IL 60610	Mailing Address 225 W. HUBBARD, 4TH FLOOR CHICAGO, IL 60610
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*BK*



04052006 No Chg-LLC      CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3585363	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> 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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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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

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

700069931777

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	SLAVEN, ARTHUR
STREET ADDRESS	225 W. HUBBARD, 4TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	MGR
NAME	MCLINDEN, JOHN
STREET ADDRESS	225 W. HUBBARD, 4TH FLOOR
CITY-ST-ZIP	CHICAGO, IL 60610
TITLE	MGR
NAME	NIVEN, BRIAN
STREET ADDRESS	1555 N. SHEFFIELD
CITY-ST-ZIP	CHICAGO, IL 60622
TITLE	MGR
NAME	LERNER, MICHAEL
STREET ADDRESS	1555 N. SHEFFIELD
CITY-ST-ZIP	CHICAGO, IL 60622
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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    4/10/06    312 832 2500

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



CORPORATION SERVICE COMPANY

M05000005853

ACCOUNT NO. : 072100000032

REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006

ORDER TIME : 9:19 AM

ORDER NO. : 972309-070

CUSTOMER NO: 7157078

MK

2006 APR 10 PM 4:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM PARC CENTRAL,  
L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

RECEIVED  
06 APR 10 AM 10:58  
DIVISION OF CORPORATION

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: \_\_\_\_\_