


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005907

1. Entity Name
MCZ/CENTRUM ORLANDO III, L.L.C.



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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FILED

2006 APR 10 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04052006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3506182	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 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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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

500069931615

9. MANAGING MEMBERS/MANAGERS

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

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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 4/6/06 312)832 2500

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



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006

ORDER TIME : 9:22 AM

ORDER NO. : 972309-085

CUSTOMER NO: 7157078

BK

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM ORLANDO III,
L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____

RECEIVED
06 APR 10 AM 10:58
DIVISION OF CORPORATION