


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

DO NOT WRITE IN THIS SPACE

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

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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	

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 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

M05000005907 FILED

2006 APR 10 PM 5:03

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