

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # M05000006426**

1. Entity Name  
MCZ/CENTRUM SARASOTA, 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

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



04052006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3804684

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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 \_\_\_\_\_

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**

200069931722

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

John Mclinden

Date

4/6/06

Daytime Phone #

3128322500



CORPORATION SERVICE COMPANY

M05000006426

ACCOUNT NO. : 072100000032

REFERENCE : 972309 7157078

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 7, 2006

ORDER TIME : 9:20 AM

ORDER NO. : 972309-075

CUSTOMER NO: 7157078

*MR*

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

ANNUAL REPORT FILING

NAME: MCZ/CENTRUM SARASOTA, 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