2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# M06000000577

Entity Name: MCZ/CENTRUM FLAMINGO I, L.L.C.

Current Principal Place of Business:

ONE MERIDIAN CROSSINGS
SUITE 100
MINNEAPOLIS, MN 55423

New Principal Place of Business:

Current Mailing Address:

ONE MERIDIAN CROSSINGS
SUITE 100
MINNEAPOLIS, MN 55423

New Mailing Address:

FEI Number: 20-4224130 **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:	BUDD, JOSEPH R	
Address:	ONE MERIDIAN CROSSINGS, SUITE 100	
City-St-Zip:	MINNEAPOLIS, MN 55423	
Title:	MGR	( ) Delete
Name:	MITCHELL, LEONARD A	
Address:	ONE MERIDIAN CROSSINGS, SUITE 100	
City-St-Zip:	MINNEAPOLIS, MN 55423	
Title:	MGR	( ) Delete
Name:	KAUL, JOEL D	
Address:	ONE MERIDIAN CROSSINGS, SUITE 100	
City-St-Zip:	MINNEAPOLIS, MN 55423	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ERIKA JOHNSON MGR 03/19/2009

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