

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400000734

**Entity Name:** MCZ/CENTRUM OCEAN GP, LLC

**Current Principal Place of Business:**

225 W HUBBARD  
4TH FLOOR  
CHICAGO, IL 60654

**Current Mailing Address:**

225 W. HUBBARD  
4TH FLOOR  
CHICAGO, IL 60654

**FEI Number:** 20-0760739

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KELLOGG, JASON K ESQ.  
201 S BISCAYNE BLVD  
22ND FLOOR  
MIAMI, FL 33131 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name SLAVEN, ARTHUR  
Address 225 W. HUBBARD STREET, 4TH FLOOR  
City-State-Zip: CHICAGO IL 60654

Title MGR  
Name MCLINDEN, JOHN  
Address 225 W. HUBBARD STREET, 4TH FLOOR  
City-State-Zip: CHICAGO IL 60654

Title MGR  
Name LERNER, MICHAEL  
Address 1555 NORTH SHEFFIELD AVENUE  
City-State-Zip: CHICAGO IL 60642

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARTHUR SLAVEN

**MANAGER**

**04/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date