

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0600000744

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

Current Principal Place of Business:

4582 S ULSTER ST
SUITE 1700
DENVER, CO 80237

Current Mailing Address:

4582 S ULSTER ST
SUITE 1700
DENVER, CO 80237 US

FEI Number: 20-4241267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE, FL 32301 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	MGRM	Title	VP
Name	MORTON TOWERS APARTMENTS, L.P.	Name	DIAMOND, KENNETH
Address	4582 S ULSTER ST SUITE 1700	Address	4582 S ULSTER ST SUITE 1700
City-State-Zip:	DENVER CO 80237	City-State-Zip:	DENVER CO 80237
Title	SVP	Title	P, S
Name	SPRANG, MARTIN	Name	COHN, LISA R
Address	4582 S ULSTER ST SUITE 1700	Address	4582 S ULSTER ST SUITE 1700
City-State-Zip:	DENVER CO 80237	City-State-Zip:	DENVER CO 80237
Title	CFO	Title	AVP
Name	BELDIN, PAUL	Name	MOSHER, KEVIN
Address	4582 S ULSTER ST SUITE 1700	Address	4582 S ULSTER ST SUITE 1700
City-State-Zip:	DENVER CO 80237	City-State-Zip:	DENVER CO 80237
Title	VP	Title	ASST. SECRETARY
Name	ORGAN, TONY	Name	FARMER, JOY
Address	4582 S ULSTER ST SUITE 1700	Address	4582 S ULSTER ST SUITE 1700
City-State-Zip:	DENVER CO 80237	City-State-Zip:	DENVER CO 80237

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: JOY FARMER

ASSISTANT SECRETARY 04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date