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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300001211

1. Corporation Name								
BRAUVIN REALTY ADVISORS III INC.								
D 1 1 1 D1	-4 D. siness	Mailing Address						40 0 80
Principal Place of Business Mailing Address								
30 North Lasalle Street 30 North Lasalle Street suite 3100								
CHICAGO IL 60602 CHICAGO IL 60602						DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualifed		
		· .				03/03/1993		
Principal Place of Business		2a. Mailing Address			4. FEI Number	———··	plied For	
21		26			36-3632480		t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A Fee Re		
22		City & State						
City & State		⊢ '			6. Election Campaign Financing Trust Fund Contribution	• \$5.00 (Added to		
Zip	Country Zip		Country	Country		8. This corporation owes the current year		
	25 29 30					Personal Property Tax.		□No
24 25 29 30 9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	red Agent	
o. Hame and Address of Santingens of Santingens				Name				
THE PRENTICE-HALL CORPORATION SYSTEM INC.			82	Stroot A	ddres	ss (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET			02	Silectr	Address (F.O. Box Nulliber is Not Acceptable)			
SUITE 105			83					
TALLAHASSEE FL 32301			84	City			85 Zip C	Code
				1 1			FL!	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the abov	e-named o	corpor	ration submits this statement for the purpos 's board of directors. I hereby accept the a	e of changing its	registered gistered
office or re agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligat	ions of, Section 607.0505, Floric	da Statutes	tile corpo 3.	iauon	is board of directors. Thereby accept the d	ppominon do 105	3.0.0.00
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg				nt signature re	quired v	when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS		DC IN 12
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICER	Change	Addition
TITLE	CPD	☐ DELETE					مير دريا	
NAME BRAULT, JEROME J STREET ADDRESS 30 N. LASALLE STREET, SUITE 3100			1.2 NAME	T 4000566				
CHICACO II COCOO		3100	1	T ADDRESS				
CITY-ST-ZIP TITLE	T T	₩ DELETE	1.4 CITY-S 2.1 TITLE	51-ZJP	Т		☐ Change	Addition
NAME			I.			homas E. Murphy		I
STREET ADDRESS	AA AL LAGALLE OTDEET OLUTE 0400					O North LaSalle Street,	Suite 31	.00
CLECACO II COCCO			2. 4 CITY-			hicago, IL 60602		
CITY-ST-ZIP	SVP DELETE		3.1 TITLE			<u> </u>	☐ Change	Addition
NAME	BRAULT, JAMES L.		3.2 NAME					3
STREET ADDRESS	AA N. LAANLE ATREET, OUTT 0400		3.3 STREET ADDRESS					
CITY-ST-ZIP	CHICAGO IL 60602		3 4. CITY-ST-ZIP		•			
TITLE	☐ DELETE		4.1 TITLE				Change	Addition
NAME			4, 2 NAME					
STREET ADDRESS			4.3 STREE	TADORESS				•
CITY-ST-ZIP			4,4 CITY-S	ST-ZIP				F-1 + 1 1 1 1
TITLE			5.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS				
CITY-ST-ZIP	W		5.4 CITY-8	ST- ZIP				- Addition
TITLE		☐ DELETE	6.1-TITLE	İ			Change	☐ Addition
TOAME			6.2 NAME					
STREET ADDRESS		\	6.3 STREE	TADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information, indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee impowered/to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+/ Z1/9

(312) 759-7660