

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006065 (4)**

1. Corporation Name  
**BRAUVIN NET LEASE V, INC.**

Principal Place of Business <b>150 S WACKER DR #3200 CHICAGO IL 60606</b>	Mailing Address <b>150 S WACKER DR #3200 CHICAGO IL 60606-4202</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/20/1996</b>	3a. Date of Last Report
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number <b>36-3913066</b>	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29. Suite, Apt. #, etc.	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when relistating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPV BRAULT, JEROME J 150 S WACKER DR #3200 CHICAGO IL 60606	1.1 TITLE	DCP Brault, Jerome J. 150 S. Wacker Drive, Suite 3200 Chicago, IL 60606
NAME	CEOS BRAULT, JEROME J 150 S WACKER DR #3200 CHICAGO IL 60606	1.2 NAME	DVS Brault, James L. 150 S. Wacker Drive, Suite 3200 Chicago, IL 60606
STREET ADDRESS	CFO AYNESSAZIAN, B ALLEN 150 S WACKER DR #3200 CHICAGO IL 60606	1.3 STREET ADDRESS	
CITY- ST- ZIP	D NELSON, KENNETH S 150 S WACKER DR #3200 CHICAGO IL 60606	1.4 CITY- ST- ZIP	
	D ZWEIG, HUGH 227 W MONROE ST #3900 CHICAGO IL 60606	2.1 TITLE	
	D KOBUS, GREGORY S 208 OAK CREEK PLAZA, PO BOX 1029 MUNDELEIN IL 60060	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY- ST- ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY- ST- ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY- ST- ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY- ST- ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY- ST- ZIP	

14. I do 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address.

SIGNATURE:

*[Signature]* Chief Financial Officer 4/20/97 312-443-0922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

042307

CR2E034 (9/96)