2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000006065

1. Entity Name
BRAUVIN NET LEASE V, INC.

Principal Place of Business	Mailing Address
30 NORTH LASALLE STREET SUITE 3100 CHICAGO, IL 60602 US	30 NORTH LASALLE STREET SUITE 3100 CHICAGO, IL 60602 US

DO NOT WRITE IN THIS SPACE

07282004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-3913066
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP
NAME	BRAULT, JEROME J
STREET ADDRESS	30 N. LASALLE STREET, SUITE 3100
CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	DVS
NAME	BRAULT, JAMES L.
STREET ADDRESS	30 N. LASALLE STREET, SUITE 3100
CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	CFO
NAME	MURPHY, THOMAS E
STREET ADDRESS	30 N. LASALLE STREET, SUITE 3100
CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	D
NAME	NELSON, KENNETH S
STREET ADDRESS	150 S WACKER DR #3200
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	D
NAME	HUFF, MICHAEL
STREET ADDRESS	200 E. RANDOLPH ST
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	D
NAME	KOBUS, GREGORY S
STREET ADDRESS	208 OAK CREEK PLAZA, PO BOX 1029
CITY-ST-ZIP	MUNDELEIN, IL 60060

U00000168889
08/02/04-80001-020 550.00

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #