


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000001061 1. Entity Name BRAUVIN CAPITAL TRUST, INC.	
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Principal Place of Business 30 N. LASALLE STREET SUITE 3100 CHICAGO, IL 60602	Mailing Address 30 N. LASALLE STREET SUITE 3100 CHICAGO, IL 60602
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DO NOT WRITE IN THIS SPACE



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number 36-4215348	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRAULT, JAMES L 30 N. LASALLE, STE 3100 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRAULT, JEROME J 30 N. LASALLE, STE 3100 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MURPHY, THOMAS 30 N. LASALLE, STE 3100 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, K J 30 N. LASALLE, STE 3100 CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCKLEY, CORNELIA 30 N LASALLE STE 3100 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000227323
02/12/05-80051-019 150.00

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	2/9/05 <small>Date</small>	(312) 759-7660 <small>Daytime Phone #</small>
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