

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb. 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000001061

1. Entity Name
BRAUVIN CAPITAL TRUST, INC.



Principal Place of Business
**30 N. LASALLE STREET
SUITE 3100
CHICAGO, IL 60602**

Mailing Address
**30 N. LASALLE STREET
SUITE 3100
CHICAGO, IL 60602**



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4215348 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRAULT, JAMES L
STREET ADDRESS	30 N. LASALLE, STE 3100
CITY-STATE-ZIP	CHICAGO, IL
TITLE	CD
NAME	BRAULT, JEROME J
STREET ADDRESS	30 N. LASALLE, STE 3100
CITY-STATE-ZIP	CHICAGO, IL
TITLE	ST
NAME	MURPHY, THOMAS
STREET ADDRESS	30 N. LASALLE, STE 3100
CITY-STATE-ZIP	CHICAGO, IL
TITLE	D
NAME	WEAVER, K J
STREET ADDRESS	30 N. LASALLE, STE 3100
CITY-STATE-ZIP	CHICAGO, IL
TITLE	D
NAME	BUCKLEY, CORNELIA
STREET ADDRESS	30 N LASALLE STE 3100
CITY-STATE-ZIP	CHICAGO, IL 60602
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/03/06 80045-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Brault

Date

Daytime Phone #