

FILED**May 01, 2007 08:00 AM**
Secretary of State**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M06000005529 1. Entity Name BRAUVIN/WALTON LLC	
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Principal Place of Business
30 NORTH LASALLE STREET, SUITE 3100
CHICAGO, IL 60602Mailing Address
30 NORTH LASALLE STREET, SUITE 3100
CHICAGO, IL 60602

04272007 No Chg-LLC

CR2E0B3 (11/05)

DO NOT WRITE IN THIS SPACE4. FEI Number
20-5576189Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**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 after reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

B. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MTR
BRAULT, JAMES L
30 NORTH LASALLE STREET, SUITE 3100
CHICAGO, IL 60602TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
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CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**DO NOT WRITE
IN THIS SPACE**U000000752810
05/21/07-80031-015-50.00

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #