

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017457 SF

DOCUMENT # M99000001872

1. Entity Name

BRAUVIN CORPORATE LEASE PROGRAM IV, L.L.C.

00 APR 28 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

30 N. LASALLE SUITE 3100  
CHICAGO IL 60602

Mailing Address

30 N. LASALLE SUITE 3100  
CHICAGO IL 60602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4215348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES, INC.  
3953 WW KELLEY RD  
TALLAHASSEE FL 32311

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

100003249961--7  
-05/12/00--01025--006  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete  
NAME BRAUVIN CAPITAL TRUST, INC.  
STREET ADDRESS 30 N. LASALLE STREET, SUITE 3100  
CITY- ST- ZIP CHICAGO, IL 60602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY- ST- ZIP

## 10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY- ST- ZIP

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NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. 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 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.

Brauvin Corporate Lease Program IV, L.L.C. As Its: President - James L. Brault

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/27/00 (312)759-7660

Date

Daytime Phone #

CR2E083 (9/99)