


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P08386 1. Entity Name BRAUVIN VENTURES, INC.		
Principal Place of Business 30 NORTH LASALLE STREET SUITE 3100 CHICAGO, IL 60602 US	Mailing Address 30 NORTH LASALLE STREET SUITE 3100 CHICAGO, IL 60602 US	



07282004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3260063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
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 file if applicable.

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

DATE _____

**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 NAME STREET ADDRESS CITY - ST - ZIP	V/S BRAULT, JAME L. 30 N LASALLE STREET, SUITE 3100 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRAULT, JEROME J. 30 N LASALLE STREET, SUITE 3100 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO MURPHY, THOMAS E 30 N LASALLE ST STE 3100 CHICAGO, IL 60602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/02/04-80016-019 275.00

U000000169247
08/02/04-80016-020 275.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/04
Date

Daytime Phone #