

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 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**

**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**36-3260063**

Applied For  
Not Applicable

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

**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 title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

1100100229764  
02/15/05-80012-001 75.00

1100100229764  
02/15/05-80012-002 75.00

**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)(f), 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 powers.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #