

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 FEB 20 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



02092006 No Chg-P CR2E034 (11/05)

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

03/02/06-00000017 75.00

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	

000067322590
03/07/06--01053--021 **75.00

000067322590
03/07/06--01053--022 **75.00

**DO NOT WRITE
IN THIS SPACE**

JS
3/3/06

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

2/12/06

Date

Daytime Phone #