

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 09 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P17291 (6)**  
 1. Corporation Name  
**BRAUVIN REALTY ADVISORS, INC.**



Principal Place of Business <b>150 S. WACKER DRIVE SUITE 3200 CHICAGO IL 60606</b>	Mailing Address <b>150 S. WACKER DRIVE SUITE 3200 CHICAGO IL 60606</b>
---	---

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> <b>21 30 North LaSalle Street</b> Suite, Apt. #, etc. <b>22 Suite 3100</b> City & State <b>23 Chicago, IL</b> Zip <b>24 60602</b>		<b>2a. Mailing Address</b> <b>26 30 North LaSalle Street</b> Suite, Apt. #, etc. <b>27 Suite 3100</b> City & State <b>28 Chicago, IL</b> Zip <b>29 60602</b>		<b>3. Date Incorporated or Qualified</b> <b>12/17/1987</b>	
<b>4. FEI Number</b> <b>36-3486212</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
---	--	--	--	---	--

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAULT, JEROME J.	1.2 NAME	
STREET ADDRESS	150 S. WACKER DR., STE. 3200	1.3 STREET ADDRESS	30 N. LaSalle Street, Suite 3100
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, IL 60602
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYNESSAZIAN, B ALLEN	2.2 NAME	
STREET ADDRESS	150 S. WACKER DR., STE. 3200	2.3 STREET ADDRESS	30 N. LaSalle Street, Suite 3100
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL 60602
TITLE	VPS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAULT, JAMES L.	3.2 NAME	
STREET ADDRESS	150 S. WACKER DR., STE. 3200	3.3 STREET ADDRESS	30 N. LaSalle Street, Suite 3100
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	Chicago, IL 60602
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:**

*[Signature]*

1/28/98 (312) 443-0922

CR2E034 (10/97)