2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -7 PM 12:36

DOCUMENT # A26340

1. Entity Name

FIRST CAPITAL INCOME AND GROWTH FUND, LTD. - SER

Principal Place of Business	Mailing Address
2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606	2 NORTH RIVERSIDE PLAZA CHICAGO IL 60606-2600

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite 600	Suite, Apt. #, etc.: c/o Anne Rafelson, Suite 600
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-3498223 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$100,000,000.00		

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	473197	STREET ADDRESS	
NAME	FIRST CAPITAL FINANCIAL CORP.	CITY-ST-ZIP	
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA		
CITY-ST-ZIP	CHICAGO IL 60606		
DOCUMENT #		STREET ADDRESS	mf 3/20/00
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800003178178--6
NAME		CITY-ST-ZIP	-03/21/00--01092--020
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: SIGNATURE REQUIRED Norman M. Field 3/3/2000 312.466.3609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #