APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
[illegible]
Secretary of State
DIVISION OF CORPORATIONS

A05400

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -1 AM 11:28

DOCUMENT #A05400

1. Name of Limited Partnership

FIRST CAPITAL INCOME PROPERTIES, LTD. SERIES-III

4/10/98

DO NOT WRITE IN THIS SPACE

2. Mailing Address
c/o Ann M. Schneider
TWO NORTH RIVERSIDE PLAZA
Suite, Apt. #, etc
Suite 1600
City & State
CHICAGO, ILLINOIS
Zip 60606 Country USA

3. Principal Office Address
TWO NORTH RIVERSIDE PLAZA
Suite, Apt. #, etc
City & State
CHICAGO, ILLINOIS
Zip 60606 Country USA

4. Date Formed or Registered To Do Business in Florida 12/20/1976

5. FEI Number
59-1711159
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation FL

8a. Capital Contributions as Shown on Record
$500.00

8b. Amount of Capital Contributions in FLORIDA to date
$500.00

FEES: 1.) Filing Fee(s). Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2.) Supplemental Fee(s): $88.75 for each year due this office beginning with 1992 calendar year
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note If the amount entered in 8b is greater than amount entered in 8a a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. If changing the registered agent/office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. # or
City

900002831169--5
-04/06/99--01083--001
***1282.50 ***1282.50
FL

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration/ Document Number
FIRST CAPITAL FINANCIAL CORP	2 NORTH RIVERSIDE PLAZA	CHICAGO IL	473197

PENALTY - 1,000.00
AR - 105.00
DRSUPP - 177.50
1,282.50

REINSTATEMENT 1998-1999

BK

CR2E039 (12/97)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I know the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

FIRST CAPITAL FINANCIAL CORP.

SIGNATURE _____ DATE 12/29/99
ASSISTANT SECRETARY

Typed or Printed Name of General Partner Signing Form ANN SCHNEIDER Telephone Number (312) 466-3456