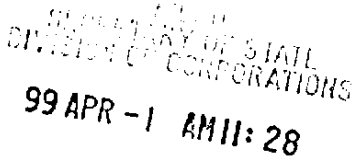


APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		 FLORIDA DEPARTMENT OF STATE <i>Handwritten: A05400</i>			
DOCUMENT # A05400					
1. Name of Limited Partnership: FIRST CAPITAL INCOME PROPERTIES, LTD. SERIES-III <i>Handwritten: 4/10/98</i>					
2. Mailing Address: c/o Ann M. Schneider TWO NORTH 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. FEIN 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		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.			
8b. Amount of Capital Contributions in FLORIDA to date: \$500.00		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 change of new registered agent/office: Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt #, etc: City:	
				300002831169-5 -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 responsibility 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:	
FIRST CAPITAL FINANCIAL CORP		2 NORTH RIVERSIDE PLAZA		CHICAGO IL	
<i>Handwritten:</i> PENALTY - 1000.00 AR - 105.00 DR SUPP - 177.50 1,282.50				473197	
				11a. Registration Document Number:	
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)(k) Florida Statutes. I declare 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 contained 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.					
SIGNATURE <i>Handwritten Signature</i> ASSISTANT SECRETARY Typed or Printed Name of General Partner Signing Form: ANN SCHNEIDER					
DATE 1/29/99 Telephone Number (312) 466-3456					

CR2E039 (12/97)