

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Beverly S. Harrell
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 25 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Name of Limited Partnership

First Capital Institutional Real Estate, Ltd.-1

2. Principal Office Address

2 N. Riverside Plaza
Chicago, Illinois 60606

Suite, Apt. #, etc.

Suite #600

City & State

Chicago, Illinois

Zip

60606

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

**4. Date Formed or Registered
To Do Business in Florida**

June 8, 1982

5. FEI Number 59-2197264

Applied For

Not Applicable

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

7a. Capital Contributions as shown on Record:

\$51,859,069.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$29,384,522.00

8. Name and Address of Current Registered Agent

Name
The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

Suite 105

City

Tallahassee

State

FL

Zip Code

32301

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, 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 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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.

100004077871--3

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.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
First Capital Financial, L.L.C., as successor in interest by merger of First Capital Financial Corporation	2 N. Riverside Plaza Suite 600	Chicago, Illinois 60606	L00000014623
Warner, Seth S.	2901 S. Bayshore Drive, #14F	Coconut Grove, FL	3R 4/25

REINSTATEMENT

2000-2001

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

11. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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, L.L.C., as managing general partner

SIGNATURE

[Signature]

Donald J. Liebenhaft, Vice President

DATE April 24, 2001

Typed or Printed Name of General Partner Signing Form

Telephone Number 312-454-1800

CR2E039 (9/00)

A12635

ACCOUNT FILE COVER SHEET

(2)

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2027925-4
(Sub Account)

DATE: 4-25

REQUESTOR NAME: Lexis Document Services

ADDRESS:

FILED
01 APR 25 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TELEPHONE: () () ext ()

CONTACT NAME: _____

CORPORATION NAME: First Capital Institutional Real Estate, Ltd.-1

DOCUMENT NUMBER: _____
(if applicable)

AUTHORIZATION:

Cynthia J. Woodyard
C. Woodyard

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

2001 APR 25 AM 11:53

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Reinstatement - All fees approved.

☐ CERTIFIED COPY (1-9)
☐ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

() Call When Ready
() Walk In
() Hall Out

() Call if Problem
() Will Wait

() After 4:00
() Pick Up

2052.50

hxc
4/25