

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A12635

1. Entity Name

First Capital Institutional Real Estate, LTD-1

FILED

02 APR 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJH

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2 N! Riverside Plaza

3. Mailing Address **c/o Anne Rafelson**
2 N. Riverside Plaza

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

DUE BY MAY 1

City & State
Chicago, Illinois

City & State
Chicago, Illinois

4. FEI Number
59-2197264

Applied For
Not Applicable

Zip
60606

Country
USA

Zip
60606

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Lexis Document Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
3953 WW Kelley Road

City **Tallahassee** **FL** Zip Code **32311**

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

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

DATE

9. Capital Contributions
as Shown on record: **\$51,859,069.00**

10. Amount of Capital Contributions
in FLORIDA to date: **\$29,384,522.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
**L00000014623
First Capital Financial, L.L.C.,
2 N. Riverside Plaza, Suite 600
Chicago, Illinois 60606**

STREET ADDRESS

CITY- ST- ZIP

300005506113--B

-05/13/02--01055--009

*****526.25 ***526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
**Warner, Seth
2901 S. Bayshore Drive, #14F
Coconut Grove, FL**

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
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CITY- ST- ZIP

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STREET ADDRESS

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 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

First Capital Financial, L.L.C., as managing general partner

SIGNATURE:



Donald J. Liebentritt, Vice President April ,2002 312-454-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)

STAPLE CHECK HERE