


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A12635</b> 1. Entity Name FIRST CAPITAL INSTITUTIONAL REAL ESTATE, LTD. -1					
Principal Place of Business ATTN: ROBIN SHAPIRO 2 N. RIVERSIDE PLAZA, SUITE 600 CHICAGO, IL 60606			Mailing Address ATTN: ROBIN SHAPIRO 2 N. RIVERSIDE PLAZA, SUITE 600 CHICAGO, IL 60606		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2197264</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$51,859,069.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$9,113,301.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	L00000014623		STREET ADDRESS		
NAME	FIRST CAPITAL FINANCIAL, L.L.C		CITY-ST-ZIP		
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 600		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 60606		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME	WERNER, SETH S		CITY-ST-ZIP		
STREET ADDRESS	2901 S BAYSHORE DR # 14F		STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE, FL		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Donald J. Liebentritt, Vice President 3/07/2005 312-466-3380 <small>Date Daytime Phone #</small>		

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