2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Mar 13, 2006 08:00 AM Secretary of State

DOCUMENT # A12635

t. Entity Name
FIRST CAPITAL INSTITUTIONAL REAL ESTATE, LTD. -1



Principal Place of Business

ATTN: ROBIN SHAPIRO 2 N. RIVERSIDE PLZAZ, SUITE 600 CHICAGO, IL 60606

Mailing Address

ATTN: ROBIN SHAPIRO 2 N. RIVERSIDE PLZAZ, SUITE 600 CHICAGO, IL 60606



DO NOT WRITE IN THIS SPACE

01062006 No Chg-LP	062006 No Chg-LP CR2E003 (11/05)	
4. FEI Number		Applied Far
59-2197264		Not Applicable
5. Certificate of Status Desired		.75 Additional Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC. 1201 HAYS STREET TALLAHASSEE, FL 32301

DO NOT WRITE

, , <u>, , , , , , , , , , , , , , , , , </u>		IN THIS SPACE	
8. The above the obliga	named entity submits this statement for the purpose of changing its re- tions of registered agent.	pistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE	
	FILE NOWIN FEE IS \$500.00 After May 1, 2006, Fee will be \$900.0	oo .	
•		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	L00000014523 FIRST CAPITAL FINANCIAL, L.L.C TWO NORTH RIVERSIDE PLAZA, SUITE 500 CHICAGO, IL 50606	U00008465324	
DOCUMENT I NAME STREET ADDRESS CITY-SI-JIP	WERNER, SETH S 2901 S BAYSHORE DR # 14F COCONUT GROVE, FL	03/22/06-80030-024 500.	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP		IN THIS SPACE	
DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP			
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 each; that I am a General Partner of the limited partnership or the receiver or trusted employment to execute this report as required by Chapter 20, Florida Statutes. I Partner

SIGNATURE:

STAPLE CHECK HERE

Joseph M. Paolucci, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/01/2006

312-466-3380

Date

Daytime Phone #