

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 17 PM 1:58

WLC
12/23

1. Name of Limited Partnership	1a. DOCUMENT # A12636
FIRST CAPITAL INCOME PROPERTIES, LTD.-SERIES VII	



Mailing Address TWO NORTH RIVERSIDE PLAZA SUITE 2100 CHICAGO IL 60606	Principal Office Address TWO NORTH RIVERSIDE PLAZA SUITE 2100 CHICAGO IL 60606	3. Date Formed or Registered 06/03/1982	5a. Capital Contributions as Shown on record \$59,007,973.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date \$37,749,100
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2192277 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 appointment 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. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registry/Document Number
FIRST CAPITAL FINANCIAL CORP WERNER, SETH S.	2 NORTH RIVERSIDE PLA 2901 S BAYSHORE DR #	CHICAGO IL COCONUT GROVE FL	473197

300002038173-4
-12/26/95-01017-021
****578.25 ****576.25

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 release 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 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.

SIGNATURE Michael P. Gast *By: First Capital Financial Corporation*
as Managing General Partner DATE 11/25/96
Typed or Printed Name of General Partner Signing Form: Michael P. Gast Asst VP Daytime Telephone Number _____

CR2E003 (6/96)