

2001 UNIFORM BUSINESS REPORT (UBR)

0018905 AF

DOCUMENT # **A12636**

1. Entity Name

FIRST CAPITAL INCOME PROPERTIES, LTD.-SERIES VII

FILED

01 APR 27 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**TWO NORTH RIVERSIDE PLAZA
SUITE 600
CHICAGO IL 60606**

Mailing Address

**TWO NORTH RIVERSIDE PLAZA
SUITE 600
CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2192277

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$59,007,973.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$37,749,100.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **473497**
NAME **L00000014623**
STREET ADDRESS **FIRST CAPITAL FINANCIAL, L.L.C.**
CITY-ST-ZIP **2 NORTH RIVERSIDE PLAZA
CHICAGO IL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME **WERNER, SETH S**
STREET ADDRESS **2901 S BAYSHORE DR # 14F**
CITY-ST-ZIP **COCONUT GROVE FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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. Liebenritt, Vice President

April 26, 2001

312/466-3651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

A12636

(2)

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2027933-2
(Sub Account)

DATE: 4-27

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () () EXT ()

CONTACT NAME:

CORPORATION NAME: A 12636

DOCUMENT NUMBER: (if applicable)

AUTHORIZATION: Cynthia J. Woodward

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

WBR

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☐ Walk In ☐ Will Wait ☐ Pick Up
☐ Mail Out

WBR 4/27

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01 APR 27 PM 3:10
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01 APR 27 PM 12:14
DIVISION OF CORPORATION