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

DOCUMENT # A12636

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

First Capital Income Properties, Ltd.-Series VIII

FILED

02 APR 30 PM 1:08

SECRETARY OF STATE TALLAHASSEE FLORIDA

April , 2002 312-466-3651

Date

Daytime Phone ≠



	DO NOT WRITE	: IN THIS S	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		City & State		4. FEI Number Applied For		
Chicago, Illinois		Chicago, Illinois		59-2192277	Not Applicable	
Zip 60606	Country	Zip 60606	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
				7. Name and Address of Current Register	ed Agent	
ı	DO NOT W			rentice-Hall Corpora		
	DO NOT W		Street Addre	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street, Suite 105		
	in this sp	PACE		-		
			City	hassee F	L Zip Code 32301	
P The shove	assessed certific exclanate this exaterness for	v the surrees of character	Ite registered office or regi	hassee Formula of Florida.	<u> </u>	
o, the above	патей ещку завтиз ина заветей с	ir the purpose or changing	l irz redistered onice or redi	stered agent, or both, in the state or horida.	- 1	
SIGNATURE	Signature, typed or printed name of registered agent	and this diagraphs		DATE		
9. Capital Cor			pital Contributions	11. MAKE CHECK PAYAB		
as Shown o	on record. \$59,007,973.00	in FLORIDA t	o date: \$37,749,100.		OR FEE INFORMATION	
				ISTERED AND ACTIVE WITH THIS OFFI- nent must be filed to change a general p		
[,] 12.	GENERAL PARTNEI					
DOCUMENT#	L00000014623		STREET ADDRESS			
NAME STREET ADDRESS	First Capital Financial, L.L.C. 2 N. Riverside Plaza				1081	
CITY-ST-ZIP	Chicago, Illinois 6060	6	CITY-ST-ZIP	8000055061081 -05/13/0201055008 ****526.25 ****\$26.25		
DOCUMENT #			STREET ADDRESS	-U5/13/02 ****526.2	5 ****526.25	
NAME STREET ADDRESS	Werner, Seth 2901 S. Bayshore Drive, #14F			本本でいる■~		
CTTY+ST+ZIP	Coconut Grove, FL	, , , , ,	CITY+ ST+ ZIP			
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indicated i	on this report is true and accurate and er or trusfee empowered to execute thi	that my signature shall ha is report as required by Ch	ve the same legal effect as apter 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further of if made under oath; that I am a General Partner if ng general partners	ertify that the information of the limited partnership or	

Donald J. Liebentritt, Vice President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER