



FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 NOV 24 AM 10:50</p> 	
1. Name of Limited Partnership FIRST CAPITAL INCOME PROPERTIES, LTD. - SERIES I X		1a. DOCUMENT # A13953			
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 02/02/1983	
2. Mailing Address Suite, Apt. #, etc. Suite 1100		2a. Principal Office Address Suite, Apt. #, etc. Suite 1100		3a. Date of Last Report 12/17/1996	
City & State Zip		City & State Zip		4. State or Country of Formation FL	
Country		Country		5a. Capital Contributions as Shown on record \$88,489,106.00	
5b. Amount of Capital Contributions in FLORIDA to date: \$60,817.402		6. FEI Number 59-2255857			
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required			
9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301					
10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City					
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) First Capital Prop Corp. First Capital Financial Corporation WERNER, SETH S.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 NORTH RIVERSIDE PLA 2901 S BAYSHORE DR #		11b. City, State & Zip Code CHICAGO IL COCONUT GROVE FL	
11c. Registration/Document Number 473197		400002360314--1 -12/02/97--01031--001 ****541.25 ****541.25 KWM			
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.					
By: First Capital Financial Corporation as Managing General Partner					
SIGNATURE <i>Michael P. Gast</i> DATE 11/18/97					
Michael P. Gast, Assistant Vice President					
Daytime Telephone Number 312/906-6865					

CR2E003 (6/97)