FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FIRST CAPITAL INCOME PROPERTIES, LTD. - SERIES

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A13953

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
TWO NORTH RIVERSIDE PLAZA	TWO NORTH RIVERSIDE PLAZA	ORTH RIVERSIDE PLAZA		02/02/1983				
SUITE 1100				3a. Date of Last Report	\$88,489,106.00			
CHICAGO IL 60606				11/24/1997	EL .			
			-	• •	5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:			
	Za. Filiopai Onice Address			FL	\$60,817,402			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For			
				59-2255857	Not Applicable			
City & State	State City & State		F		· <u>-</u>			
Zip Country	Zip Country			7. Certificate of Status Desired	\$8.75 Additional Fee Required			
2p Godnay	Country Country			8. Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office					
	Name							
PRENTICE-HALL CORPORATION SYSTEM, IN	C. Street Address (P.O.		ss (P.O. Box	(O. Box Number Is Not Acceptable)				
1201 HAYS STREET	Great Address (F.C. I		()	5. Dox (value) is Not recognition				
SUITE 105	Suite, Apt. #, etc.		, etc.					
TALLAHASSEE FL 32301	City			Zip Code				
				FL Poss				
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)								
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY								
MUSTI	BE REGISTERED AND) ACTIV	E WITI	H THIS OFFICE.				
11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office Box		11b.	City, State & Zip Code	11c. Registration/ Document Number			
FIRST CAPITAL FINANCIAL CORP 2 NORTH RIVERSIDE PLA			CHICAGO IL		473197			
WERNER, SETH S	2901 S BAYSHORE DR #	DP # COCONI		ONUT GROVE FL				
WERNER, OLITI S	2901 3 DATSHORE DR #	BATSHORE BR #		SNOT GROVE PL				
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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 SIGNATURE

as Managing General Partner DATE 11/15/98

Norman M. Field, Vice President/Treasurer Number 312/906-6848 Typed or Printed Name of General Partner Signing Form