

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A15150**

1. Entity Name

FIRST CAPITAL INSTITUTIONAL REAL ESTATE, LTD.- 2

Principal Place of Business

Mailing Address

**TWO NORTH RIVERSIDE PLAZA
SUITE 1100
CHICAGO IL 60606**

**TWO NORTH RIVERSIDE PLAZA
SUITE 1100
CHICAGO IL 60606-2608**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 600

City & State

Zip

Country

Suite, Apt. #, etc.

c/o Anne Rafelson, Suite 600

City & State

Zip

Country

4. FEI Number

59-2313852

Applied For

Not Applicable

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 ST.
STE. #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.

\$78,860,161.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **473197**
NAME **FIRST CAPITAL FINANCIAL CORP.**
STREET ADDRESS **2 NORTH RIVERSIDE PLAZA**
CITY - ST - ZIP **CHICAGO IL**

STREET ADDRESS

CITY - ST - ZIP

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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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/3/2000

312.466.3609

Date

Daytime Phone #

CR02ENR 10/00d