

2002 UNIFORM BUSINESS REPORT (UBR)

0016942 AT

DOCUMENT # **A15150**

1. Entity Name

FIRST CAPITAL INSTITUTIONAL REAL ESTATE, LTD.- 2

FILED

02 APR 30 PM 4: 22

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJM



Principal Place of Business

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

Mailing Address

**TWO NORTH RIVERSIDE PLAZA
C/O ANNE RAFELSON, SUITE 600
CHICAGO IL 60606-2608**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

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

**LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311**

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.

DATE

9. Capital Contributions
as Shown on record.

\$78,860,161.00

10. Amount of Capital Contributions

in FLORIDA to date. **\$59,074,451**

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 # **L00000014623**
NAME **FIRST CAPITAL FINANCIAL, L.L.C.**
STREET ADDRESS **2 NORTH RIVERSIDE PLAZA, SUITE 600**
CITY-ST-ZIP **CHICAGO IL**

STREET ADDRESS

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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

First Capital Financial, L.L.C., as managing General Partner

SIGNATURE:

SIGNATURE REQUIRED

Vice-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Donald J. Liebenritt, President April , 2002 312-466-3651

CR2E003 (9/01)