

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A15150

1. Entity Name
FIRST CAPITAL INSTITUTIONAL REAL ESTATE, LTD.- 2



FILED

03 APR 11 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
TWO NORTH RIVERSIDE PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.
c/o ROBIN SCHAPIRO, SUITE 600

DUE BY MAY 1, 2003

City & State

City & State
CHICAGO, IL

4. FEI Number **59-2313852**

Applied For

Not Applicable

Zip

Country

Zip

60606

Country
USA

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. I am familiar with, and accept the obligations of registered agent.

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. **\$59,074,451.00**

11. **MAKE CHECK PAYABLE TO FL. 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

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

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

SIGNATURE:

USIGNATURE REQUIRED
ebentritt, Vice President

April 3, 2003

312-466-3380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)