


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 97 NOV 24 AM 10:50</p>	
1. Name of Limited Partnership FIRST CAPITAL INCOME PROPERTIES, LTD. - SERIES X		1a. DOCUMENT # A17136			
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 05/31/1984 3a. Date of Last Report 12/17/1996 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. Suite 1100 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. Suite 1100 City & State Zip Country		5a. Capital Contributions as Shown on record \$48,419,354.00 5b. Amount of Capital Contributions in FL ORIDA to date: \$29,234,566 6. FEI Number 59-2417973 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST STE 105 TALLAHASSEE FL 32301				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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 FINANCIAL CORP		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 NORTH RIVERSIDE PLA CHICAGO IL 60606		11b. City, State & Zip Code CHICAGO IL 60606 600002360316--4 -12/02/97--01031--002 *****541.25 *****541.25	
11c. Registration/Document Number 473197		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.

SIGNATURE *Michael P. Gast* By: **First Capital Financial Corporation**
 as ~~Manager~~ General Partner DATE **11/18/97**
 Typed or Printed Name of General Partner Signing Form **Michael P. Gast, Assistant Vice President** Phone Number **312/906-6865**

CR2E003 (6/97)