

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A17136

1. Entity Name

FIRST CAPITAL INCOME PROPERTIES, LTD. - SERIES X

Principal Place of Business

Mailing Address

Two North Riverside Plaza
Suite 600
Chicago, IL 60606

Two North Riverside Plaza
Suite 600
Chicago, IL 60606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2417973

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Prentice-Hall Corporation System, Inc.
1201 Hays Street
Suite 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

\$48,419,354

10. Amount of Capital Contributions
in FLORIDA to date.

\$29,234,566

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 Corporation
STREET ADDRESS Two North Riverside Plaza
CITY-ST-ZIP Chicago, IL 60606

STREET ADDRESS

CITY-ST-ZIP

500003321665-1
-07/13/00-01009-024
****526.25 ****526.25

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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

By: FIRST CAPITAL FINANCIAL CORPORATION, as Managing General Partner

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
NORMAN M. FIELD, VICE PRESIDENT

Date

Daytime Phone #

4-24-00 312/906-6848

CR2E003 (9/99)