

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016938 AF

DOCUMENT # A17136

1. Entity Name

FIRST CAPITAL INCOME PROPERTIES, LTD. - SERIES X

FILED

01 APR 25 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

TWO NORTH RIVERSIDE PLAZA  
SUITE 1100  
CHICAGO IL 60606

Mailing Address

TWO NORTH RIVERSIDE PLAZA  
SUITE 1100  
CHICAGO IL 60606

2. Principal Place of Business

2 N. Riverside Plaza

3. Mailing Address

2 N. Riverside Plaza

Suite, Apt. #, etc.  
Suite 600

Suite, Apt. #, etc.  
Suite 600

City & State  
Chicago, Illinois

City & State  
Chicago, Illinois

4. FEI Number  
59-2417973

Applied For  
Not Applicable

Zip  
60606

Country  
USA

Zip  
60606

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST  
STE. 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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.

\$48,419,354.00

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

DOCUMENT # 43197  
NAME FIRST CAPITAL FINANCIAL, L.L.C.  
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800004077868--2

DOCUMENT #  
NAME  
STREET ADDRESS  
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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

First Capital Financial, L.L.C., as managing general partner

SIGNATURE:

SIGNATURE REQUIRED  
Donald Liebenritt

Vice-President April 24, 2001

312/466-3651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

# ACCOUNT FILING COVER SHEET

**A17136**

②

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2027925-2  
(Sub Account)

DATE: 4-25

REQUESTOR NAME: Lexis Document Service

FILED  
01 APR 25 PM 3:07  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

ADDRESS:

TELEPHONE: ( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME: A17136

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard  
C. Woodyard

☐ CERTIFIED COPY (1-9)  
☐ CERTIFICATE OF STATUS (1-9)  
☒ PLAIN STAMPED COPY

WBR

( ) Call When Ready ( ) Call if Problem ( ) After 4:00  
( ) Walk In ( ) Will Wait ( ) Pick Up  
( ) Mail Out

hpc  
4/25

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 APR 25 AM 11:55  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING