.200	1 UNIFO	ORM BUSI	NESS REP	ORT (U	BR)	_			
DOCUMENT # A17136  1. Entity Name  FIRST CAPITAL INCOME PROPERTIES, LTD SERIES X							-u CD		
						FILED 01 APR 25 PM 3: 07			
Principal Plac	ce of Business		Mailing Address		<del></del>	01	APR ZU "" C"	TATE	
TWO NORTH RIVERSIDE PLAZA SUITE 1100 CHICAGO IL 60606			TWO NORTH RIVERSIDE PLAZA SUITE 1100 CHICAGO IL 60606			RETARY OF ST AHASSEE, FL		B)B+  6 8 4 B B+   68	
2. Principal Place of Business			3. Mailing Address						81841 <b>8</b> 1847 <b>8</b> 1841 1881
2 N. Riverside Plaza Suite, Apt. #, etc. Suite 600			2 N. Riverside Plaza Suite, Apt. #, etc. Suite 600		DO NOT WRITE IN THIS SPACE				
City & Star Chicago,	te   ] inois	· ·	City & State Chicago, Illinois		<del></del>	E0-0417072		Applied For Not Applicable	
Zip 60606	I *	ountry	Zip 60606	Country		5. Certificate of	Status Desired	□ \$8.7	5 Additional
6. Name and Address of Current Registered Agent				1 301.	7. Name and Address of New Registered Agent				
POTENTIAL CORPORATION OVOTER INC					ne 		·		
PRÉNTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST				Stre	Street Address (P.O. Box Number is Not Acceptable)				
STE, 105									
-	SEE FL 32301			City			<del></del>	FL Zi	p Code
8. The above	named entity sub	imits this statement for	the purpose of changing i	ts registered offic	o or register	red agent or both	in the State of Florid		<del></del>
				io registerea ome	e or register	ed agent, or both,	in the diate on the		i
SIĞNATI IRE				to registared onto	e or register	ed agent, or both,	in the state of Field		
SIGNATURE	- Authorities -	ted name of registered agent an	o title if applicable. (NC	OTE: Registered Agent s	ignature required			DATE	EDT OF STATE
SIGNATURE  9. Capital Coas Shown	ontributions on record.	48,419,354.00	of little if applicable. (NC  10. Amount of Cap in FLORIDA to	OTE: Registered Agent solital Contributions date. \$29,2	ignature required 234,566	when reinstating)	11. MAKE CHECK SEE REVERSE	DATE PAYABLE TO DI SIDE FOR FEE	
9. Capital Co	ontributions on record.	48,419,354.00 ERAL PARTNER TH	o title it applicable. (NC	off: Registered Agent sital Contributions date. \$29,2	ignature required 234,566	when reinstating)	11. MAKE CHECK SEE REVERSE TIVE WITH THIS	PAYABLE TO DI SIDE FOR FEE OFFICE.	
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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:

NONATURE R'DOMNURLIEBENTITE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

λice~

312/466-3651 Daytime Phone #

ACCATILING COVER SHEET

ACCOUNT NUMBER: REFERENCE: (Sub Account) DATE: Document Lexis REQUESTOR HARE: ADDRESS: ) oxt (\_\_\_\_ TELEPHONE: CONTACT HANCE: CORPORATION NAME: DOCUHENT NUMBER: (if applicable) AUTHORIZATION: CERTIFIED COPY (1-9) CERTIFICATE OF STATUS (1-9) PLATH STAMPED COPY UBR After H:30 Call When Ruady Walk In Call if Problum ) Hill Halt Plak Up Mail Out

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILING

2001 APR 25 AM 11: 55

DEPARTMENT OF STATE DIVISION OF CORPORATIONS