

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 17 PM 2:01



1. Name of Limited Partnership  
**1a. DOCUMENT #  
A18232**

**FIRST CAPITAL INSTITUTIONAL REAL ESTATE, LTD.-3**

Mailing Address <b>TWO NORTH RIVERSIDE PLAZA SUITE 2100 CHICAGO IL 60606</b>		Principal Office Address <b>TWO NORTH RIVERSIDE PLAZA SUITE 2100 CHICAGO IL 60606</b>		3. Date Formed or Registered <b>11/06/1984</b>	5a. Capital Contributions as Shown on record <b>\$45,292,236.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report <b>01/02/1996</b>	5b. Amount of Capital Contributions in FLORIDA to date <b>\$41,113,801</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number <b>36-3330657</b>	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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) <b>FIRST CAPITAL FINANCIAL CORP</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>2 N. RIVERSIDE PLAZA</b>	11b. City, State & Zip Code <b>CHICAGO IL</b>	11c. Registration/Document Number <b>473197</b>
<p>1000002038171 -- 0 -12/26/95--01017--020 ***576.25 ***576.25</p>			

**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. Gost By: First Capital Financial Corporation  
As General Partner DATE 11/26/95

Typed or Printed Name of General Partner Signing Form Michael P. Gost, Asst. V.P. Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/96)