TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60606       TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60606       09/16/19986       \$57,621,000.00         2.       Mailing Address       2a. Principal Office Address       12/17/1996       5b. Amount of Capital Contributions in FLORIDA Utilization in FLORIDA         2.       Mailing Address       2a. Principal Office Address       IL       5b. Amount of Capital Contributions in FLORIDA         2.       Mailing Address       2a. Principal Office Address       IL       \$52,1144,147         Suile, Apt. #, etc.       5.       5.       6.       FEI Number       \$52,144,147         City & State       City & State       7.       Cetrification of Status Desired       \$8,75,4ddb       \$6,75,4ddb         2ip       Country       Zip       Country       8.       Make check payable to: Dopt. of Status (See revenue add for the find the for the physical of Status Street Agent/Office       \$8,75,4ddb       \$10, If changed, new Registered Agent/Office       \$8,75,4ddb       \$8	ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		ETLED SECRETARY OF STATE DIVISION OF CORPORATIONS	
IRST CAPITAL INCOME PROPERTIES, LTD SERIES X         Malling Address         Multing Address         TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60006         CHICAGO IL 60006         2. Malling Address         TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60006         CHICAGO IL 60006         2. Malling Address         2. Malling Address <t< td=""><td>1. Name of Limited Partnership</td><td colspan="2"></td><td></td><td></td></t<>	1. Name of Limited Partnership				
TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60006       TWO NORTH RIVERSIDE PLAZA CHICAGO IL 60006       09/16/1986       \$57,621,000.00         2. Mailing Address       28. Principal Office Address       12/17/1998       5b. Anator of Canadi, In FLORIZA Control of Status       5b. Anator of Canadi, In FLORIZA Control of Status         2. Mailing Address       28. Principal Office Address       IL       \$52,144,147         Sulle, Apt. #, etc.       5. Little Apt. #, etc.       6. FEI Number       Address         City & State       Crity & State       7. Control of Status Desired       \$57.621,000.00         21p       Country       7ip       Country       8. Mete chock payable to: Dept. of State (See reverse side for fee Into State (See reve	IRST CAPITAL INCOME PRO	OPERTIES, LTD SERI	ES X	) LEBERTA DOPO ANDOL AVIAL INDES	IKERA TIAT KINTE DIDIL DIDIL ALKIN DIDIL DU
Two NoRTH RIVERSIDE PLAZA CHICAGO IL 60006       Two NORTH RIVERSIDE PLAZA CHICAGO IL 60006       09/16/1986       \$57,621,000.00         2. Mailing Address       28. Principal Office Address       12/17/1998       5b. Account of Cardinal Control of Formation       5b. Account of Cardinal Control of Formation       5b. Account of Cardinal Control of Formation         2. Mailing Address       28. Principal Office Address       IL       \$52,144,147         Suite, Apt. #, etc.       5. Little, Apt. #, etc.       6. FE Humber       Acdress for Formation         21p       Country       74p       Country       86.364279       Applied For Not Applicat         21p       Country       74p       Country       8. Mete check payable to Dept. of State (See reverse side for fee Internal Sec Required         9, Name and Address of Current Registered Agent       10. Hichstrood, new Registered Agent/Office       Name         State for 1201 HAYS STREET       State Address (P.O. Box Number is Mc Acceptable)       State Field Place         State Address of Current Registered Agent or both is the State charge was subtraced or registered office or	Mailing Address	Principal Office Address		3, Date Formed or Registered	5a. Capita! Contributions as Shown on record.
2. Mailing Address       2a. Principal Office Addross       4. State or Country of Formation       Contributions in FLORIZM         2. Mailing Address       2a. Principal Office Addross       1       4. State or Country of Formation       \$52,144,147         Sulle, Apt. #, etc.       Sulle, Apt. #, etc.       6. FEI Number       Applied For         2. Decompton       Country       7. Certificate of Status Desired       Applied For         2. Decompton       Zip       Country       7. Certificate of Status Desired       \$8,75 Additic For Required         3. Mane and Address of Current Registered Agent       10. If changed, new Registered Agent/Office       Name         9. Name and Address of Current Registered Agent       Name       Street Address (P.O. Box Number to Not Acceptable)         Sulte, Apt. #, etc.       -12/12/37010E01021       -12/12/37010E01021         3. Street Address (P.O. Box Number to Not Acceptable)       Sulte, Apt. #, etc.       -12/12/37010E01021         3. Street Address (P.O. Box Number to Not Acceptable)       Sulte, Apt. #, etc.       -12/12/37010E01021         3. Street Address (P.O. Box Number to Not Acceptable)       Sulte, Apt. #, etc.       -12/12/37010E01021         3. Street Address (P.O. Box Number to Not Acceptable)       Sulte, Apt. #, etc.       -12/12/37010E01021         3. Street Address (P.O. Box Number to Not Acceptable)			TWO NORTH RIVERSIDE PLAZA		
2. Mailing Address       2a. Principal Office Address       IL       \$52,144,147         Sulle, Apt. #, etc.       Sulle, Apt. #, etc.       6. FEI Number       Applied For         City & State       Criy & State       Applied For       Not Applied         Zip       Country       7/p       Country       Set of coding of formation         9. Name and Address of Current Registered Agent       7. Centificate of Status Desired       \$8,75 Addites         9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office       Name         9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office       Name         9. Name and Address of Current Registered Agent       Name       Street Address (P.O. Box Number to Not Acceptable)         Sulte, Apt. 4, etc.       City 0.2/97 010E/01-0221       City 02/97 010E/01-0221         7. Centificate of State Concepting Agent/Office       Name       Street Address (P.O. Box Number to Not Acceptable)         Sulte, Apt. 4, etc.       City 02/97 010E/01-0221       City 02/97 010E/01-0221         7. Centificate of State of					5b. Amount of Capital Contributions in FLORIDA
Solle, Apt. #, etc.       Sulle, Apt. #, etc.       6, FEI Number       Applied For         City & State       City & State       7, Certificate of Status Desired       9, Name and Address of Current Registered Agent       7, Certificate of Status Desired       9, Name and Address of Current Registered Agent         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice       Name         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice         9, Name and Address of Current Registered Agent       10, If changed, new Registered Agent/Collice	2. Mailing Address	2a. Principal Office Address			
City & State       City & State       City & State       Recommendation         Zip       Country       Zip       Country       Zip       Country       Set 375 Additional control of Status Desired         9, Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office       Name         PRENTICE-HALL CORPORATION SYSTEM, INC.       1201 HAYS STREET       Street Address (P.O. Box Number to Not Acceptable)         SUITE 105       Suite, Apt. #, etc.       CICU2/37~-01000~-021         TALLAHASSEE FL 32301       City       ####541. FL         IOa, Pursuant to the provisions of sections 620.105.1 and 620 192. Forida Statutos, the above named limited partnership organized or registered under the laws of the State of Florida, submits this state of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered Agent Accepting Appendition of section 620.192. Florida Statutes.         SigNATURE (Registered Agent Accepting Appendition of Section 620.192. Florida Statutes.       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       Pregistration/         11.       Name(s) of General Partner(s)       11a. Address of Each General Partner       11b. City. State 8 Zip Code       11c. Pregistration/				6, FEI Number	Applied For
9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office         PRENTICE-HALL CORPORATION SYSTEM, INC.       Name         1201 HAYS STREET       Street Address (P.O. Box Number is Not Acceptable)         SUITE 105       Suite, Apt. #, etc.         TALLAHASSEE FL 32301       City         10a. Pursuant to the provisions of sections 620 105.1 and 620 109. Floride Stelvtos, the phove named limited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its registered agent, or bolit, in the State of Florida. Such change was authorized by its genoral partner(s). I hereby accept the appointment of reg agent. I am familiar with, and accept the odd gations of section 620 192. Florida Statutes.         Streat RAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11. Name(s) of Genoral Partner(s)       11a. (Norther Streat of Each Genoral Partner)       11b. City, State & Zip Code       11c. Designation/ Document Number	· · · · · · · · · · · · · · · · · · ·		Country	7. Certificate of Status Desired	S8.75 Additional Fee Required
PRENTICE-HALL CORPORATION SYSTEM, INC.       Name         1201 HAYS STREET       Street Address (P.O. Box Number Is Not Acceptable)         SUITE 105       -12/12/3701050021         TALLAHASSEE FL 32301       City         10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutos, the above named limited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its registered office or registered agent, or bolin, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered Agent Accepting Appointment).         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       DATE         11. Name(s) of General Partner(s)       11a. (bo NOT Use Post Office Box Numbers)       11b. City, State & Zip Code       11c. Pregistration/ Document Number				O. Make chock payable to: Dept. of	State (See reverse side for fee Informatic
PRENTICE-HALL CORPORATION SYSTEM, INC.         1201 HAYS STREET         SUITE 105         TALLAHASSEE FL 32301         TALLAHASSEE FL 32301         Suite, Apt. #, etc.         -12/02/9701060021         City         ####541.         TOB.         Pursuant to the provisions of soctions 620 105.1 and 620 192. Floride Statutes, the above-named limited partnership organized or rogistered under the laws of the State of Florida, submits this state for the purpose of changing its registered agent, or bolit, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Accepting Appointment).         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of General Partner(s)         11a. (Do NOT Use Post Office Box Numbers)       11b. City, State & Zip Code       11c. Registration/ Document Numt	9. Name and Address of Curre	ent Registered Agent		10. If changed, new Registere	d Agent/Olfice
1201 HAYS SIREET         SUITE 105         TALLAHASSEE FL 32301         Suite, Apt. #, etc.         10a.         Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutes, the above namiad limited partnership organized or registered under the laws of the State of Florida, submits this state of the purpose of changing its registered diffice or registered agent, or bolt, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered Agent Accepting Appointment).         SIGNATURE (Registered Agent Accepting Appointment).         DATE         11.       Name(s) of General Partner(s)         11a.       Address of Each Genoral Partner(s)         11a.       Address of Each Genoral Partner(s)         11b.       City, State & Zip Code         11c.       Registration/ Document Numt		<b>M, INC</b> .		Box Number (s Not Acceptable)	
TALLAHASSEE FL 32301       -12/02/97010E0021         City       *****541.25         TOB.       Pureuant 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 state of 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 Accepting Appointment).         SignATURE (Registered Agent Accepting Appointment).       DA1E         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT         MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.         11.       Name(s) of Genoral Partner(s)         11a.       (Do NO1 Uso Post Office Box Numbors)         11b.       City, State & Zip Code         11c.       Registration/         Decument Numb					3689289
Image: Control of 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 state of 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 ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       DATE         11.       Name(s) of General Partner(s)       11a.       Address of Each Genoral Partner       11b.       City, State & Zip Code       11c.       Registration/ Document Numt				-12/02	79701060021
11. Name(s) of General Partner(s)     118. Address of Each General Partner (Do NOT Use Post Office Box Numbers)     11b. City, State & Zip Code     11c. Registration/ Document Number	for the purpose of changing its registered office	o or registered agent, or both, in the State of Flo liens of section 620, 192, Florida Statutes.	rida Such change was	Buthorized by its general partner(s). Then DA1E TNERSHIP OR OTHE	eby accept the appointment of registered
	A GENERAL PARTNER THAT		D ACTIVE W		
· · · · · · · · · · · · · · · · · · ·	A GENERAL PARTNER THA	ST BE REGISTERED AN		City, State & Zip Code	11c. Registration/ Document Numbor
	A GENERAL PARTNER THA MUS 11. Name(s) of General Partner(s)	ST BE REGISTERED AN Address of Each Genora (Do NOT Use Post Office Big	al Partner ox Numbers) 11b		Document Numbor
<ol> <li>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner</li> <li>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 decimed exempt from public access. I further certify that the a General Partner of the line of the annual report is true and accurate and that my signature shall have the same logal effects as if made under each. I further certify that I an a General Partner of the line deartners form.</li> </ol>	A GENERAL PARTNER THA MUS 11. Name(s) of General Partner(s) FIRST CAPITAL PROPERTIES COR	ST BE REGISTERED AN Address of Each Genera (Do NOT Use Post Office Br 2 N. RIVERSIDE PLAZA	al Partner () X Numbors) 11b. Cl	HCAGO FL 60606	473197

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