03-30-1999 90017 022 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000005754

1. Corporation RBG VIII					
Principal Place	of Business	Mailing Address			1 (981) 58 11/4 (8192 11/1) 98/11 98/11 98/11 98/11 98/11 98/11 98/11 98/11
154 W HUBBARI	D	154 W HUBBARD			·
STE 250	STE 250	60610		DO NOT WRITE IN THIS SPACE	
CHICAGO IL 606 US	olu .	CHICAGO IL 60610 US			3. Date Incorporated or Qualifed
00	_		_		12/20/1993
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			36-3920452 Not Applicable
Suite, Apt.	#, etc ·	Suite, Apt. #, etc		-	5. Certificate of Status Desired
22		27			
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	/	This corporation owes the current year Intangible
24	25	29 30	<u> </u>		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		т	10. Name and Address of New Registered Agent
THE	PRENTICE-HALL CORPORATION	SYSTEM, INC.	81	Name	
1201 HAYES ST.			82	Street Ac	ddress (P.O. Box Number is Not Acceptable)
STE.	105		83		
TALL	AHASSEE FL 32301			ļ	
			84	City	FL 85 Zip Code
office or re agent, I ar SIGNATURE	to the provisions of Sections 807.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation Signature, typed or printed name of registered agent	f Florida. Such change was auth ons of, Section 607.0505, Florida	Statutes	tne corpora 5.	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered uired when revisitating)
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CV	☐ DELETE	1.1 TITLE		Change Addition
NAME	BLOCK, BRUCE H		1.2 NAME		•
STREET ADDRESS	154 WEST HUBBARD, SUITE 25	0	1.3 STREE	T ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610		1.4 CITY-5	T-ZIP	
TITLE	VCS	☐ DELETE	2.1 TITLE		Change Addition
NAME	ROSS, ROBERT S		2.2 NAME		
. STREET ADDRESS	154 WEST HUBBARD, SUITE 25	0 .	2.3 STREE	T ADDRESS	
C/TY-ST-ZIP	CHICAGO IL 60610		2. 4 CITY-	ST-ZIP	Change Addition
TITLE	PD DOUBLE BOOKER	☐ DELETE	3.1 TITLE		
NAME	GOLDFINE, ROBERT S	^	3.2 NAME		
STREET ADORESS	154 WEST HUBBARD, SUITE 25	U		TADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	☐ DELETE	3.4. CITY-	ST-ZIP	Change Addition
TITLE		□ vereie	4.1 TITLE		
NAME			4.2 NAME	TADDRESS	
STREET ADDRESS					
CITY-ST-ZIP		□ DELETE	4.4 CITY-5 5.1 TITLE	91-28	Change Addition
TITLE			5.1 NAME		
NAME STREET ADODGESS				TADDRESS	
STREET ADDRESS			5.4 CITY- 8	1	,
C/TY-ST-ZIP		☐ DELETE	6.1 TITLE	 -	Change Addition
NAME			8.2 NAME		

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 annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on, an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

THE REQUIRED