## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A0100001368  1. Entity Name					FILED	
Principal Place of Business Mailing Address  16415 MIZNER CLUB DRIVE 16415 MIZNER CLUB DRIVE DELRAY BEACH FL 33496 DELRAY BEACH FL 33496				02 MAR 25 PM 3: 14		
					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal	Principal Place of Business     3. Mailing Addres		3			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002	
City & Ste	City & State City & Sta			<u>~</u>	Applied For Not Applied For	
Zip	Country	Zip	Country		5. Certificate of Status Desired See Required	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NATIONA	NATIONAL CUSTOM HOMES VIII, INC.			Name		
	16415 MIZNER CLUB DRIVE			Street Address (P.O. Box Number is Not Acceptable)		
DELRAY	DELRAY BEACH FL 33496					
				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.						
0,0,1,7,1,0,5						
SIGNATURE	Signature, typed or printed some of registered ag-	and title if applicable.			DATE	
9. Capital C	ontributions on record.		of Capital Contri IDA to date.	butions 466	11. MAKE CHECK PAYABLE TO DEPT, OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINE	ESS ENTITY N	UST BE REG	ISTERED AND ACTIVE WITH THIS OFFICE. nent must be filed to change a general partner.	
12.	7.75	IER INFORMATION	13.	i, dir dillolloll	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	P01000098758 NATIONAL CUSTOM HOMES 1	VIII INC	STRI	EET ADDRESS		
= STREET ADDRESS	RESS -16415-MIZNER-CLUB-DRIVE		 CITY	'-ST-ZIP		
CITY-ST-ZIP	DELRAY BEACH FL 33496	<del></del>		V( ZI)		
DOCUMENT # NAME			STRI	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	3		СІТУ	'-ST-ZIP		
DOCUMENT #		<del></del>		ETT ADDRESS	<del>2003-4000050424346</del>	
NAME STREET ADDRESS			9 2 3	EET ADORESS	****526.25 *****528.25	
CITY-ST-ZIP	<u></u>		CITY	'-ST-ZIP		
DOCUMENT #			STR	EET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	FF \$526.26	
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP			STR	EET ADDRESS	, , , , , , , , , , , , , , , , , , , ,	
STREET ADDRESS	3		CITY	'-ST-ZIP	MANAGEMENT C.	
			STRI	EET, ADDRESS		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		,		-ST-ZIP		
14 I hereby	certify that the information supplied w	rith this filing does not q	juality for the exe	mption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	
	Kichand	oginat my signature)sha this report as required t	any naye the same by Chapter 620,	e iegal effect as Florida Statutes	if made under oath; that I am a General Partner of the limited partnership	
SIGNA	TURE: KICAMAR. SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNIA	G GENERAL PARTNI	ER	2/6/02	