


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 27 PH 3:44

<b>DOCUMENT # A05000000368</b> 1. Entity Name TSCPR FAMILY PARTNERSHIP #8, LTD., S.E.					
Principal Place of Business 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Mailing Address 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2355050	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TSCPR FLORIDA, INC. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707				Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____				DATE _____	
Signature, typed or printed name of registered agent and title if applicable.				FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00	
800074329768 05/10/06--01012--012 **43687.50					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000081031			STREET ADDRESS	
NAME	TSCPR FLORIDA, INC.			CITY - ST - ZIP	
STREET ADDRESS	5858 CENTRAL AVENUE				
CITY - ST - ZIP	ST. PETERSBURG, FL 33707				
DOCUMENT #				STREET ADDRESS	
NAME				CITY - ST - ZIP	
STREET ADDRESS					
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NAME				CITY - ST - ZIP	
STREET ADDRESS					
CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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					
SIGNATURE: _____				Date Daytime Phone #	
Signature, typed or printed name of signing general partner				4-10-06 727-384-6000	

STAPLE CHECK HERE