2000 UNIFORM B		VRI (UBR)		
1. Entity Name FIRST CAPITAL INCOME PROPERTIES, LTDSERIES VIII				
			DIVISION OF CORPORATIONS	
Principal Place of Business Mailing Address			00 JUL 21 PM 1:25	
Two North Riverside Plaza Two North R Suite 600 Suite 600		verside Plaza		5
		60606	-nt	
Chicago, IL 60606	Chicago, IL	00000		U
2. Principal Place of Business 3. Mailing Addr				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number	Applied For Not Applicable
Zip Country	Zip	Country	Country 5 Certificate of Status Desired \$8.75 Additional	
6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Regis	Fee Required
Prentice-Hall Corporation System, Inc. 1201 Hays Street		Name	Name Street Address (P.O. Box Number is Not Acceptable)	
		Street Address		
Suite 105 Tallahassee,FL 32301				
		City	City FL Zip Code	
<ol> <li>The above named entity submits this statement for the purpose of changing its re</li> </ol>		its an elistent of the experies		
SIGNATURE Signature, typed or printed name of registe	10. Amount of Ca	NOTE: Registered Agent signature requi	11. MAKE CHECK P	DATE AYABLE TO DEPT. OF STATE
as Shown on record. \$59,007,9		o date. \$37,749,10	0 STERED AND ACTIVE WITH THIS C	HE FOR FEE INFORMATION
NOTE: General Partne	ers MAY NOT be changed or	the form; an amendme	ent must be filed to change a gener	al partner.
12. GENERAL P.	ARTNER INFORMATION	13.	ADDRESS CHANG	
NAME STREET ADDRESS CITY-ST-ZIP Chicago, IL 60606		STREET ADDRESS		
		CITY-ST-ZIP		
DOCUMENT #		STREET ADDRESS	2000022	400000
ET ADDRESS 2901 S. Bayshore Drive			-08/01/0	<b>428332</b> 1001096002
CITY-ST-ZIP Coconut Grove, FL		CITY-ST-ZIP	****526	.25 ****526.25
DOCUMENT #		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DCUMENT #		STREET ADDRESS		
TREET ADDRESS		CITY-ST-ZIP		
		STREET ADDRESS		
STREE RESS CITY- IP		CITY-ST-ZIP		
		STREET ADDRESS		
STREET ADDRESS CITY - ST-ZIP		CITY-ST-ZIP		
<ol> <li>I hereby certify that the information supp indicated on this report is true and accur the receiver or trustee empowered to exe By: FIRS</li> </ol>	ied with this filing does not qualify ate and that my signature shall ha cute this report as required by Cr I CAPITAL FINANCIA	for the exemption stated in we the same legal effect as in apter 620, Florida Statutes Le CORPORATION,	Section 119.07(3)(i), Florida Statutes. I furt f made under oath; that I am a General Pa as Managing General Pa	her certify that the information rtner of the limited partnership or artner
	n ADAI		April )4,2000 3	L2/906-6848 Daylime Phone #