2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21212

1. Entity Name

DECADE 80-VIII, A LIMITED PARTNERSHIP

FILED
01 JAN 16 PM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
6519 NEWBERRY ROAD GAINESVILLE FL 32605	250 PATRICK BLVD RM 140 BROOKFIELD WI 53045-5864 US

DO NOT WRITE IN THIS SPACE

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 39-1483854 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KEIERLEBER, JEFFREY 240 BAYSIDE DR. CLEARWATER BEACH FL 34630 33767-2503	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 33767-2503

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,452,000.00	1,452,000	

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 #	P08228	STREET ADDRESS	
NAME	DECADE 80, INC.		
STREET ADDRESS	250 PATRICK BLVD., #-140	CITY-ST-ZIP	53045
CITY-ST-ZIP	BROOKFIELD WI		
DOCUMENT #		STREET ADDRESS	
NAME	KEIERLEBER, JEFFREY		
STREET ADDRESS	250 PATRICK BLVD., #-140	CITY-ST-ZIP	53045
CITY-ST-ZIP	BROOKFIELD WI		
DOCUMENT #		STREET ADDRESS	500003576695--0
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CITY-ST-ZIP			

CR2E003 (11/00)

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 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: Decade 80, Inc. By: [signature] 1/8/01 262-792-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Michael Sweet, Secretary of Decade 80, Inc.