

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009799 AT

DOCUMENT # **A26164**

1. Entity Name

**US INCOME FUND VIII LTD.**

**FILED**  
02 APR 30 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**MJH**

Principal Place of Business <b>1717 NO. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132</b>	Mailing Address <b>1717 NO. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132</b>
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2. Principal Place of Business <b>150 Alhambra Circle</b>	3. Mailing Address <b>150 Alhambra Circle</b>
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Suite, Apt. #, etc. <b>Suite 800</b>	Suite, Apt. #, etc. <b>Suite 800</b>
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City & State <b>Coral Gables, FL</b>	City & State <b>Coral Gables, FL</b>
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Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33134</b>	Country <b>USA</b>
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4. FEI Number **59-2968272**

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

**S & K PROPERTY MANAGEMENT INC  
1717 NO. BAYSHORE DRIVE, SUITE 208  
MIAMI FL 33132**

Name  
**S & K Property Management, Inc.**  
Street Address (P.O. Box Number is Not Acceptable)  
**150 Alhambra Circle**  
**Suite 800**  
City  
**Coral Gables** **FL** Zip Code  
**33134**

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 Lidia Cartaya, Vice President 04/29/02  
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$3,181,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$2,181,000.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # <b>M97775</b>	<b>ALLCONCEPT, INC. 1717 NO. BAYSHORE DRIVE, SUITE 208 MIAMI FL 33132</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>150 Alhambra Circle, Suite 800</b>
CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS	
CITY-ST-ZIP	<b>700005503087--1</b> <b>-05/10/02-01060-005</b> <b>*****8.75 *****8.75</b>

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS	<b>700005503087--1</b> <b>-05/10/02-01060-006</b> <b>*****526.25 *****526.25</b>
CITY-ST-ZIP	

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CITY-ST-ZIP	

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: Lidia Cartaya **SIGNATURE REQUIRED** Lidia Cartaya, VP 04/29/02 (305) 476-0955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)