

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 30 AM 9:57



1. Name of Limited Partnership:

1a. DOCUMENT #
A26869

CORPORATE PROPERTY ASSOCIATES 8, L.P., A DELAWARE PARTNERSHIP

Mailing Address:

50 ROCKEFELLER PLAZA, 2ND FLOOR
NEW YORK NY 10020

Principal Office Address:

620 FIFTH AVE.
NEW YORK NY 10020

2. Mailing Address:

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address:

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

08/18/1988

5a. Capital Contributions as
Shown on record

\$9,835,035.00

3a. Date of Last Report

07/16/1996

4. State or Country of Formation

DE

5b. Amount of Capital
Contributions in FLORIDA
to date:

9,835,035

6. FLL Number

13-3469700

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

EIGHTH CAREY CORPORATE
CAREY, WILLIAM POLK

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

620 FIFTH AVENUE
620 FIFTH AVENUE

11b. City, State & Zip Code

NEW YORK NY
NEW YORK NY

11c. Registration/
Document Number

F93000001070

4000001965254
-10/04/96-01066-010
****576.25 ****576.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Robert C. Kehoe

DATE

9/10/96

Typed or Printed Name of General Partner: Signing Form

ROBERT C. KEHOE, Second Vice President

Telephone Number

212-492-1160

CR2E003 (6/96)