## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

A26869

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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CORPORATE PROPERTY A DELAWARE PARTNERSHIP	SSOCIATES 8, L.P., A							
Mailing Address  50 ROCKEFELLER PLAZA. 2ND FLOOR NEW YORK NY 10020	Principal Office Address 620 FIFTH AVE. NEW YORK NY 10020		3, Date Formed or Registered 08/18/1988 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$9,835,035.00				
2. Malling Address	2a. Principal Office Address		10/03/1997  4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date:  9,835,035.00				
Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		6, FEI Number 13-3469700	Applied For				
City & State	City & State		7. Certificate of Status Desired	Not Applicable				
Zip Country	Zip	Country	8, Make check payable to: Dept. of	Fee Required State (See reverse side for fee Information)				
9. Name and Address of Cui	rrent Registered Agent	T	10. If changed, new Registere	d Agent/Office				
THE PRENTICE HALL CORPORATION 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		Street Address Suite, Apt. #,	is (P.O. Box Number Is Not Acceptable) etc.	Zip Code				
agent. I em familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment)	·	IMITED I	PARTNERSHIP OR OTHE					
11. Name(s) of General Partner(s)	11a. Address of Each General A	Dortone	11b. City, State & Zip Code	11c. Registration/				
EIGHTH CAREY CORPORATE CAREY, WILLIAM POLK	620 FIFTH AVENUE	x realisers)	NEW YORK NY NEW YORK NY	F93000001070				
•			700002 -09/2: *****	8465271 279801082010 26.25 ****526.25				
Note: General partners MAY NO	OT be changed on this form	n; an ame	ndment must be filed to ch	ange a general partner.				
12. I do hereby certify that the information supplied we Corporations from any liability of non-compliance this annual report is true and accurate and that mempowered to execute this poport as required by	with Section 119.07(3)(k) in the event that the inf y signature shall have the same legal effects as in chapter 620, Florida Statutes.	ormation supplied f made under oat	d is deemed exempt from public access. I furthe h. I further certify that I am a General Partner of	r certify that the information Indicated on the limited partnership, receiver or trustee				
SIGNATURE BY: Make the signing Form  Typed or Printed Name of General Pariner Signing Form	BY: EIGHTH CAREY COLO BY: ROBERT C. KEND	PORTE	PROPERTY, INC. DATE_	12.407-1100				