

2000 UNIFORM BUSINESS REPORT (UBR)

0003198
A:

DOCUMENT # A26869

1. Entity Name
CORPORATE PROPERTY ASSOCIATES 8, L.P., A DELAWARE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10: 02

Principal Place of Business
**620 FIFTH AVE.
NEW YORK NY 10020**

Mailing Address
**50 ROCKEFELLER PLAZA. 2ND FLOOR
NEW YORK NY 10020**

mf



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 **13-3469700**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$9,835,035.00**

10. Amount of Capital Contributions in FLORIDA to date. **9,835,035**

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 # **F93000001070**
NAME **EIGHTH CAREY CORPORATE**
STREET ADDRESS **620 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS
CITY-ST-ZIP **6000003380416--6**

DOCUMENT #
NAME **CAREY, WILLIAM POLK**
STREET ADDRESS **620 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

STREET ADDRESS
CITY-ST-ZIP **-09/01/00--01069--029**
*******526.25 *****526.25**

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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

FOR EIGHTH CAREY CORPORATE PROP - FRANK J. MACHADO
SIGNATURE: [Signature] **212.492.1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)