

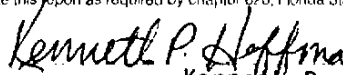


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -8 PM 4:12	
1. Name of Limited Partnership LUZ SOLAR PARTNERS LTD., VIII		1a. DOCUMENT # A29364			
Mailing Address 11760 US HWY. ONE STE. 600 NORTH PALM BEACH FL 33401		Principal Office Address 11760 US HWY. ONE STE. 600 NORTH PALM BEACH FL 33401		3. Date Formed or Registered 12/18/1989	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/27/1997	
				4. State or Country of Formation CA	
				5a. Capital Contributions as Shown on record. \$88,600.00	
				5b. Amount of Capital Contributions in FLORIDA to date. -0-	
				6. FEI Number 95-4131645 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$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 LEON, J E 9250 WEST FLAGLER STREET MIAMI FL 33174				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
				7000002488017-4 -04/14/98--01052--018 ***141.25 FL ***141.25	
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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
HYPERION VIII, INC.		11760 US HWY. ONE, #6		NORTH PALM BEACH FL	
				11c. Registration/Document Number L13087	
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  _____ DATE _____ Kenneth P. Hoffman, Vice President (561) 691-3500					
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____					

CH2E003 (6/97)