

2001 UNIFORM BUSINESS REPORT (UBR)

0010124 AF

DOCUMENT # A30357

1. Entity Name

MIDLAND PROPERTIES LIMITED PARTNERSHIP VIII

Principal Place of Business

**33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 33755**

Mailing Address

**33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 33755**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
01 FEB 27 AM 10:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3018125

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

**MIDLAND FINANCIAL HOLDINGS, INC.,
33 NORTH GARDEN AVENUE, SUITE 1200
CLEARWATER FL 33755**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

9. Capital Contributions as Shown on record.

\$1,378,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # **K22808**
NAME **MIDLAND EQUITY CORP.**
STREET ADDRESS **33 NORTH GARDEN AVENUE, SUITE 1200**
CITY-ST-ZIP **CLEARWATER FL 33755**

STREET ADDRESS

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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: _____

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Don R. Reynolds

2/23/01

(727) 461-4801

Date

Daytime Phone #

CR2E003 (11/00)