

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Mar 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A31047 ✓

1. Entity Name

SCHRIMSHER LAND FUND VIII, LTD. ✓



Principal Place of Business

600 EAST COLONIAL DRIVE, SUITE 100  
ORLANDO FL 32803 ✓

Mailing Address

600 EAST COLONIAL DRIVE, SUITE 100 ✓  
ORLANDO FL 32803

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

59-3038315 ✓

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

SCHRIMSHER, J. STEVEN ✓  
600 EAST COLONIAL DRIVE, SUITE 100  
ORLANDO FL 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

\$15,464,593.83 ✓

10. Amount of Capital Contributions  
in FLORIDA to date.

**FILE NOW!!! Due by May 1, 2005.**

See Block 11 instructions for fee info.

**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 # P98000004654 ✓  
NAME JSS OF ORLANDO, INC.  
STREET ADDRESS 600 E. COLONIAL DR, #100  
CITY- ST- ZIP ORLANDO FL

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #  
NAME  
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CITY- ST- ZIP

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U00000267618  
03/18/05-80009-012 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

J. Steven Schrimsher

3-10-05

(407) 423-7600

Date

Daytime Phone #

STAPLE CHECK HERE