


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A31047</b> ✓ 1. Entity Name <b>SCHRIMSHER LAND FUND VIII, LTD.</b> ✓	
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**FILED**

2007 MAR 12 AM 9:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1st MOORE CR2E003 (10/06)

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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3038315 ✓	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>SCHRIMSHER, J. STEVEN</b> ✓ 600 EAST COLONIAL DRIVE, SUITE 100 ORLANDO FL 32803	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY ST ZIP	P98000004654 ✓ JSS OF ORLANDO, INC. 600 E. COLONIAL DR, #100 ORLANDO FL	STREET ADDRESS CITY ST ZIP	
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900092641459  
03/14/07--01042--017 \*\*\$500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

J. Steven Schrimsher 2-10-07 407-423-7600