
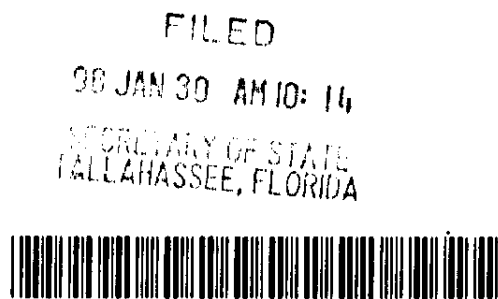


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A93000000377			
REALTY OPPORTUNITY INCOME FUND VIII, LTD.					



Mailing Address 7795 COOPER RD CINCINNATI OH 45242		Principal Office Address 7795 COOPER RD CINCINNATI OH 45242		3. Date Formed or Registered 04/15/1993	5a. Capital Contributions as Shown on record. \$99.00
2. Mailing Address 7826 COOPER ROAD Suite, Apt. #, etc.		2a. Principal Office Address 7826 COOPER ROAD Suite, Apt. #, etc.		3a. Date of Last Report 01/02/1997	
City & State CINCINNATI OHIO		City & State CINCINNATI OHIO		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
Zip 45242 Country		Zip 45242 Country		6. FEI Number 65-0438424	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired				<input checked="" 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 MCGRATH, GREGORY K. 28050 US HWY. 19 NORTH SUITE 301 CLEARWATER FL 34621		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		FL	

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) BARON CAPITAL IV, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 28050 US 19 NORTH, SU	11b. City, State & Zip Code CLEARWATER FL 34621	11c. Registration/Document Number P95000007305
100002426051--4 -02/10/98--01011--010 *****165.00 *****165.00			

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 _____

Typed or Printed Name of General Partner Signing Form

GREGORY K. MCGRATH

Daytime Telephone Number

1/26/97
 513-984-5001

CR2E003 (6/97)