

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

FILED

30 JAN 30 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership REALTY OPPORTUNITY INCOME FUND VIII, LTD.	1a. DOCUMENT # A93000000377 <i>98-ARkus</i> <i>CM</i>
--	--



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		3a. Date of Last Report 01/02/1997	
2a. Principal Office Address 7826 COOPER ROAD		4. State or Country of Formation FL	
City & State CINCINNATI OHIO		6. FEI Number 65-0438424	
Zip 45242		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State CINCINNATI OHIO		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 45242		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 FL Zip Code
---	--

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 *Gregory K. McGrath* DATE *1/16/97*
 Typed or Printed Name of General Partner Signing Form GREGORY K. MCGRATH Daytime Telephone Number 513-984-5001

CR2E003 (6/97)