2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

02 MAR 27 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000168 91 AT

DOCUMENT # A93000000377

1. Entity Name

REALTY OPPORTUNITY INCOME FUND VIII, LTD.

Principal Place of Business	Mailing Address
~~7826 COOPER ROAD~~	~~7826 COOPER ROAD~~
~~CINCINNATI OH 45242~~	~~CINCINNATI OH 45242~~

2. Principal Place of Business	3. Mailing Address
Grove at Lakeland Square	Grove at Lakeland Square
Suite, Apt. #, etc.: 3570 U.S. Hwy 98 N.	Suite, Apt. #, etc.: 3570 U.S. Hwy 98 N.
City & State: Lakeland Florida	City & State: Lakeland Florida
Zip: 33809 Country: U.S.A.	Zip: 33809 Country: U.S.A.

DUE BY MAY 1, 2002

4. FEI Number 65-0438424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MCGRATH, GREGORY~~
~~4501 GULF OF MEXICO DR., #101~~
~~LONGBOAT KEY FL 34228~~

7. Name and Address of New Registered Agent

Name: Barcap Realty Services Group, Inc.
Street Address (P.O. Box Number is Not Acceptable): Grove at Lakeland Square
3570 U.S. Hwy 98 N.
City: Lakeland FL Zip Code: 33809

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: Mark L Wilson, VP Mark L. Wilson, VP 3/15/02
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$99.00		

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 #	P95000007305	STREET ADDRESS	
NAME	BARON CAPITAL IV, INC.	CITY-ST-ZIP	
STREET ADDRESS	7826 COOPER ROAD		
CITY-ST-ZIP	CINCINNATI OH 45242		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100005190461--2 -04/03/02--01070--014 ****150.00 ****150.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/01)

STAPLE CHECK HERE

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: Mark L Wilson, VP Mark L. Wilson, VP 3/15/02 513 936 3408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #