

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED


04 APR 29 AM 10:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A93000000377

1. Entity Name
 REALTY OPPORTUNITY INCOME FUND VIII, LTD.



Principal Place of Business
 GROVE AT LAKELAND SQUARE
 3570 U.S. HWY. 98 N.
 LAKELAND, FL 33809

Mailing Address
 GROVE AT LAKELAND SQUARE
 3570 U.S. HWY. 98 N.
 LAKELAND, FL 33809

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

04272004 Chg-LP CR2E003 (10/03)

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

BARCAP REALTY SERVICES GROUP, INC.
 GROVE AT LAKELAND SQUARE
 3570 U.S. HWY. 98 N.
 LAKELAND, FL 33809

7. Name and Address of New Registered Agent

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

9. Capital Contributions as Shown on record. \$99.00

10. Amount of Capital Contributions in FLORIDA to date.

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	3570 US Hwy 98 N.
NAME	BARON CAPITAL IV, INC.	CITY-ST-ZIP	Lakeland, FL 33809
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	800036058648
NAME		CITY-ST-ZIP	05/11/04--01054--011 **141.25
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			

STAPLE CHECK HERE

Handwritten initials/signature

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: J. Stephen Miller 4-28-04 (863)853-2882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #