

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAY 11 AM 10:59



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: 109 West Commercial St., Suite, Apt. #, etc.
 3. Mailing Address: 109 West Commercial St., Suite, Apt. #, etc.

City & State: Sanford, Florida

Zip: 32771, Country: USA



01212005 Chg-LP CR2E003 (10/03)

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: Barcap Realty Services Group, Inc., Street Address: 109 West Commercial Street, City: Sanford, FL, Zip Code: 32771

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 _____

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	109 West Commercial Street
NAME	BARON CAPITAL IV, INC.	CITY-ST-ZIP	Sanford, Florida 32771
STREET ADDRESS	3570 US HWY 98 N.		
CITY-ST-ZIP	LAKELAND, FL 33809		
DOCUMENT #		STREET ADDRESS	
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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: [Signature] APR 29 2005 407-688-7762
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #