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

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1a. DOCUMENT # **A9600001328**

SECRETARY OF STATE DIVISION OF CORPORATIONS

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NHP AFFORDABLE HOUSING PARTNERS 8, LIMITED PARTNERSHIP

			$ \infty 2 30$		
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
1675 PALM BEACH LAKES BLVD., SUITE 1002 West Palm Beach Fl 33401	1675 PALM BEACH LAKES BLVD SUITE 1002 WEST PALM BEACH FL 33401		07/16/1996 3a. Date of Lest Report	\$100.00	
			04/28/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	28. Principal Office Address		4. State or Country of Formation	to date	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0704726	Applied For	
City & State	City & State	City & State		Not Applicable \$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name			
ERBEY, JOHN R 1675 PALM BEACH LAKES BOULEVARD SUITE 1002 WEST PALM BEACH FL 33401		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc			
		City FL Zip Code			
 	TIS A CORPORATION OF BE REGISTERED A	ND ACTIVE	ARTNERSHIP OR OTHE WITH THIS OFFICE.	Pagietralian(
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	Box Numbors) 11	b. City, State & Zip Code	11c. Document Number	
OCWEN FEDERAL BANK FSB	1675 PALM BEACH BLV	VD.	WEST PALM BEACH FL 33		
				1	
				390460-0 788-01015-002	
			*****□	56.25 ****156.25	
Note: General partners MAY NO	T be changed on this for	rm; an amend	ment must be filed to cha	ange a general partner.	
12. I do he eby certify that the Information supplied your Corporations from any liability of non-compliant withis annual report is true and accurate and the my empowered to execute this report as required by ch	th Section (1907/3)(k) in the event that the signature shall twive the same legal effects	s not qualify for the exen e Information supplied is as if made under oath.	ption stated in Soction 119.07(3)(k), Florida s deemed exempt from public access. I furth I furthor certify that I am a Goneral Partner o	Statutes. I release the Division of ser certify that the information indicated on f the limited partnership, receiver or trusted	
SIGNATURE //V/	MM) DATE 12-19-97				
Typed or Printed Name of General Partner Signing Form	JOSEPH A. DLUTOWSI	KI, SR. VP	Daytime Telephone Number 56	01-681-8000	