

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001824

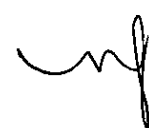

1. Entity Name
BARON MORTGAGE DEVELOPMENT FUND VIII, LTD.

Principal Place of Business
C/O GREGORY K. MCGRATH
7826 COOPER ROAD
CINCINNATI OH 45242

Mailing Address
C/O GREGORY K. MCGRATH
7826 COOPER ROAD
CINCINNATI OH 45242-7619

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3: 05

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2275452** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MCGRATH, GREGORY
4561 GULF OF MEXICO DR. #101
LONGBOAT KEY FL 34228

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) 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.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | P96000080563 BARON CAPITAL XXXVIII, INC. 7826 COOPER ROAD CINCINNATI OH 45242 |
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| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | 700003289307--8 |
| STREET ADDRESS | -06/14/00--01098--011 |
| CITY - ST - ZIP | ****150.00 ****150.00 |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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 REQUIRED GREGORY K. MCGRATH** Date: **4/25/00** Daytime Phone #: **513-984-5001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER