2001	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # A9700002358 1. Entity Name				er er	56 A⊑		
RENAISSANCE PARTNERS VIII LIMITED PARTNERSHIP				FILED	π		
Principal Place of Business 400 CLEMATIS STREET. SUITE 205 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			206	O1 MAY 16 PM 3: 01 SECRETARY OF STATE HATALAHASSEE FLORIDA			
	lace of Business (lenets Street	3. Mailing Address 330 Cle mat:s	Street				
Suite, Apt. Su.+e City & State	214	Suite, Apt. #, etc. Suite 214 City & State	el FL	4. FEI Number 65-0900652 Applies	d For		
West Zip 3340	Country Palm Beach	33401 Pa	ountry In Beach	5. Certificate of Status Desired \$8.75 Addition Fee Required 7. Name and Address of New Registered Agent			
FRISBIE, DAVID W 400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401			Name Street Address City	Dav: 1 W. Fr: 56:e Iress (P.O. Box Number is Not Acceptable) 1000 Ind: an Road Et Zip Code, 1400			
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 D							
as Shown	A GENERAL PARTNER?	in FLORIDA to date. THAT IS A BUSINESS ENTITY AY NOT be changed on the fo	MUST BE REGIS	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.			
12.	GENERAL PARTNE		3.	ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS	P95000028179 REN GP CORP. 400 CLEMATIS STREET, SUITE 2	05	STREET ADORESS	^ ^ ^ ~	214 (1/00)		
DOCUMENT #	WEST PALM BEACH FL 33401	(STREET ADDRESS	800004423108	—• • }		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	-05/15/0101084020 ***4178.75 ****141.	25		
DOCUMENT / NAME STREET ADDRESS	,		STREET ADDRESS	DI4135			
CITY-ST-ZIP DOCUMENT #			STREET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
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indicated	certify that the information supplied with the control on this report is true and accurate and yer or trustee empowered to execute the	n this filing does not qualify for the of that my signature shall have the sa	exemption stated in a	Section 119.07(3)(i), Florida Statutes. I further certify that the informate under oath; that I am a General Partner of the limited partn	nation ership or		

REN GO (OL).

RE 56/-832-7784 Daytime Phone # 4-27- 0/ Date SIGNATURE: