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J. SAULSBERRY EXAMINER

JAN 24 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FIP VIII LT Name of Limited Partnership or Limit	
DOCUMENT NUMBER: A98 ガタカタダ	14 79
The enclosed Statement of Change of Registered O fee(s) are submitted for filing.	ffice and/or Registered Agent and
Please return all correspondence concerning this ma	atter to:
George A. Morgan, Jr.	
Contact Person	
Morgan Property Group, LLC	₹20 .
Firm/Company	75 N
450 E. Las Olas Blvd., Suite 730	TALLAHASSEE, FLORID
Address	
Fort Lauderdale, FL 33301	DR. C
City, State and Zip Code	
•	
cfrye@morganpg.com E-mail address: (to be used for future annual report notified)	fication)
For further information concerning this matter, plea	,
Catherine Fryeat (704) 909-4507
Name of Contact Person Are	a Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Flo	orida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P: O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Frie	VIII	LTD.					_
Name o	f Limited Partnersh	nip or Limited L	iability Li	mited Partners	ship		
2. 0415	11998		3.	A9807	5000	147	19
Date of filing/regi	stration in Florida			Florida docun	nent number		_
4. The name of the register Department of State:	red agent and the re	egistered office	address as	shown on the	records of th	e Florida	a
	Geor	ge A. Morga	n, Jr.				
-		Name					
	300 S.E. S	econd Stree	t, Suite	880			
		Address				₽ _E	201
	Fort La	uderdale, Fl	. 33301				JAN
	C	ity, State and Z	p			A.	ź
5. The name and Florida s	reet address of the	new registered	agent and	or office:		1938 10 Al	21 P
	Geor	ge A. Morga	n, Jr.			15. S.	PH 4:
		Name					÷.
	450 E. Las	Olas Blvd.,	Suite 7	30		Þ	0
	Florida street ad	ldress (P.O. Box	not accep	otable)			
	Fort Lauc	derdale	FI.	33301			
	C	ity, State and Z	<u></u> - <u>_</u> _	_			
6. Such change(s) is/are ef	fective when filed	by the Florida D	epartmen	t of State.			
Twell of	· ·						
Signature of General Partne	er .	 _					
I hereby accept the appoint comply with the provisions and I am familiar with an a	of all statutes rela	tive to the prope	r and con	plete perform			
Juny Tory							
Signature of Registered Ag	ent						
Filing Fee: Certified Copy (option	\$35.00 mal): \$52.50						