B00000000003

(Requestor's Name) (Address)	
	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	7
opasial medianicide is timing officer.	
,	١
Maa 110	H

Office Use Only



700039191267

07/19/04--01060 -008 **830.00

ALLAHASSEE, FLORIDA

CORPORATE RESEARCH, LTD.

Please return evidence of filing in the SASE enclosed. If you have any questions, please call. Thanks!

New York, NY

Albany, NY

Dover, DE

SEARCH REQUEST FORM

Date:

7/16/2004

To:

FL Department of State -- Division of Corporations

Phone No.: 850-488-9000

From:

Amy Brown / abrown@nationalcorp.com

Please refer to the following reference number on your invoice: # M011214

Entity Name(s)

BVT CAPITAL PARTNERS III, LP BVT CAPITAL PARTNERS VIII, LP BVT CAPITAL PARTNERS XI, LP BVT CAPITAL PARTNERS XIV, LP BVT CAPITAL PARTNERS XIX, LP BVT CAPITAL PARTNERS XVI, LP BVT CAPITAL PARTNERS XVIII, LP BVT CHAPEL HILLS, LTD. BVT DEVELOMENT CORPORATION II BVT DEVELOPMENT CORPORATION IV BVT DEVELOPMENT PARTNERS II, L.L.P. BVT DEVELOPOMENT CORPORATION

BVT INSTITUTIONAL INVESTMENTS, INC. BVT REAL ESTATE DEVELOPMENT, INC. CLAY-FRY PROPERTIES, INC.

NATIONAL CAPITAL PARTNERS, INC.

NATIONAL PARTNERS, L.P.

U.S. RETAIL INCOME FUND IV, LP

U.S. RETAIL INCOME FUND V, LP

U.S. RETAIL INCOME FUND VI, LP

U.S. RETAIL INCOME FUND VII, LP

U.S. RETAIL INCOME FUND VIII, LP U.S. RETAIL INCOME FUND VIII-B, LP

U.S. RETAIL INCOME FUND VIII-C. LP

Type of Service(s): Change of Agent Filing

Jurisdiction: Secretary of State, FL

** ADDITIONAL COMMENTS **

Filing fees and Return Envelope (postage paid) attached.

PLEASE call or e-mail before rejecting documents (or with any other questions you may have)

If you have any questions concerning what to report to NCR, please contact us before sending results.

> 1107 9th Street, Suite 830 Sacramento, CA 95814 Phone: 916-326-5235 Fax: 916-326-5239

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.U.S. Retail Income Fu	und VII, Limited Partnership	
	Name of the limited partnership	
2.1/7/2000	3,80000000003	
Date of filing/registration i	n Florida Document nu	mber assigned
4. The name of the registered Department of State:	agent and the registered office address as sho	The state of the s
CT C	orporation System	
	Name	
1200	South Pine Island Road	JUL 19
 _	Address	
Pl an	cation, FL 33324	
<u> </u>	City, State and Zip	
	01.5, 0 and 2.p	FLO GO
5. The name and address of the	e new registered agent and/or office:	AM 10: 44 E.F.LORIDA
NATION	AL CORPORATE RESEARCH, LTD.	
	Name	
103 N.	Meridian Street	
	Florida street address (P.O. Box not acceptable)	
Talla	nassee FL 32301	
	City, State and Zip	
 Such change(s) was/were a 	uthorized by the general partners.	
BVT Institutional Inve	stments, Inc., General Partner	
m. Swoth G	· lan	
with the provisions of all state familiar with and accept the ob	t as registered dgent and agree to act in this ca tes relative to the proper and complete perfo ligations of my position as registered agent. (he registered office address, I hereby confirm	formance of my duties, and I am Or. if this document is being filed
National Corporate Rese	earch, Ltd.	
any Brown		
Signature of Registered Agent	<u> </u>	
By: Amy Brown, Asst. Se	cretary	

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00