

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015878 AF

DOCUMENT # B00000000192

1. Entity Name

U.S. RETAIL INCOME FUND VIII, LIMITED PARTNERSHI

FILED

01 MAY -1 PM 6:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1209 ORANGE STREET  
CORPORATION TRUST CENTER  
WILMINGTON DE 19801

Mailing Address

1209 ORANGE STREET  
CORPORATION TRUST CENTER  
WILMINGTON DE 19801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$3,600,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

0.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # F94000005615  
NAME BVT INSTITUTIONAL INVESTMENTS, INC.  
STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1500  
CITY-ST-ZIP ATLANTA GA 30339

STREET ADDRESS

CITY-ST-ZIP

700004221397-8

DOCUMENT # F94000005616  
NAME VUWB INVESTMENTS, INC.  
STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1400  
CITY-ST-ZIP ATLANTA GA 30339

STREET ADDRESS

CITY-ST-ZIP

-05/17/01 -01000-017  
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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:

*Michael J. Forrester*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4.25.01

770.618.3502

CR2E003 (11/00)