

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

DOCUMENT # B00000000192

1. Entity Name

U.S. RETAIL INCOME FUND VIII, LIMITED
PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 26 AM 8:33

Principal Place of Business

3350 RIVERWOOD PARKWAY
ATLANTA GA 30339

Mailing Address

3350 RIVERWOOD PARKWAY
ATLANTA GA 30339

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

58-2520660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$3,600,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL 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 # F01000003501
NAME BVT INSTITUTIONAL INVESTMENTS, INC.
STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1500
CITY-ST-ZIP ATLANTA GA 30339

STREET ADDRESS
CITY-ST-ZIP

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

STREET ADDRESS
CITY-ST-ZIP

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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: M. Scott Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/18/04

770-618-3500

Date

Daytime Phone #

STAPLE CHECK HERE



MOORE

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