

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # B00000000192

1. Entity Name
U.S. RETAIL INCOME FUND VIII, LIMITED PARTNERSHIP



Principal Place of Business
**400 INTERSTATE NORTH PARKWAY
SUITE 700
ATLANTA, GA 30339**

Mailing Address
**400 INTERSTATE NORTH PARKWAY
SUITE 700
ATLANTA, GA 30339**



04022008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**NATIONAL CORPORATE RESEARCH, LTD.
515 E. PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

000000326230

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

05/14/08-80077-018 500.00

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

DOCUMENT # **F01000003501**
NAME **BVT INSTITUTIONAL INVESTMENTS, INC.**
STREET ADDRESS **400 INTERSTATE NORTH PKWY, STE 700**
CITY-ST-ZIP **ATLANTA, GA 30339**

DOCUMENT # **F94000005616**
NAME **VUWB INVESTMENTS, INC.**
STREET ADDRESS **400 INTERSTATE NORTH PKWY, STE 500**
CITY-ST-ZIP **ATLANTA, GA 30339**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kip R. Meach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/22/08
Date

770-618-3500
Daytime Phone #

STAPLE CHECK HERE