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

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## DOCUMENT # B01000000234 SECRETARY OF STATE DIVISION OF COTFORATIONS U.S. RETAIL INCOME FUND VIII-B, LIMITED **PARTNERSHIP** 04 MAR 26 AM 8: 33 Mailing Address Principal Place of Business 3350 RIVERWOOD PARKWAY, SUITE 1500 ATLANTA GA 30339 3350 RIVERWOOD PARKWAY, SUITE 1500 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) Applied For 4. FEI Number City & State City & State 58-2640934 Not Applicable Zip Country \$8.75 Additional نج سر Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ~C T-CORPORATION SYSTEM ~ Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$4,698,000.00 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. F01000003501 DOCUMENT # STREET ADDRESS BYT INSTITUTIONAL INVESTMENTS, INC. NAME STREET ADDRESS 3350 RIVERWOOD PARKWAY, SUITE 1500 CITY-ST-ZIP 300032**7**23553 04/14/04--01021--009 \*\*526.50 CITY-ST-ZIP ATLANTA GA 30339 F94000005616 DOCUMENT / STREET ADDRESS VUWB INVESTMENTS, INC. NAME 17101 PRESTON ROAD, SUITE 230 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DALLAS TX 75248 DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME > STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-3P DOCUMENT # STREET ADDRESS NAME 🚡 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

M. SWH WAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/8/04 770-618-3500 Date Dayune Phone #