


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 26 PM 12:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B01000000234 1. Entity Name U.S. RETAIL INCOME FUND VIII-B, LIMITED PARTNERSHIP					
Principal Place of Business 3350 RIVERWOOD PARKWAY, SUITE 1500 ATLANTA, GA 30339			Mailing Address 3350 RIVERWOOD PARKWAY, SUITE 1500 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 58-2640934	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD. 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$4,698,000.00			10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F01000003501		STREET ADDRESS		
NAME	BVT INSTITUTIONAL INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	3350 RIVERWOOD PARKWAY, SUITE 1500		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30339		CITY-ST-ZIP		
DOCUMENT #	F94000005616		STREET ADDRESS		
NAME	VUWB INVESTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	17101 PRESTON ROAD, SUITE 230		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75248		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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: <i>M. Scott Weaver</i> <i>M. Scott Weaver</i>			Date: <i>4/21/05</i> Daytime Phone #: <i>770-618-3500</i>		

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04212005 Chg-LP CR2E003 (10/03)

4. FEI Number 58-2640934 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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