Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

from:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I20000000195 Phone

Fax Number

: (850)521-1000

: (850)558-1575

FLORIDA/FOREIGN LP/J

REALTY ASSOCIATES FUND VIII LP

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$1,000.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA

. Bolk Comit Enlutt 10		
(Name of Limited/Partnership or Limited Liability Limited Partnership, which must include suffix) Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., L.P., or Ltd. Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.		,
(If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.) 2. 3. 4. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.		
(State or Country of Formation) (Date of Formation)		
4 Corporation Service Company		
(Name of Registered Agent for Service of Process)		• ,
5, 1201 Hays Street		
(Florida street address for Registered Agent)		
Tallabassee, FL 32301		
6. I hereby accept the appointment os registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my didles, and I am familiar with an accept the obligations of my position as registered egent. Corporation Service Company By: Harry B. Devie Signature of Registered Agent Asst. Vice Presider 7	DEC -5 AM 8: 43 CRUTKLY OF STATE LAHASSEE FLORMA	EE
Bata, MA Oals		
8. If limited partnership is a limited liability limited partnership, check hox		

Page 1 of 3

ng address)			
<u></u>			
niling address of each general partner:			
Os State St Bastan, MA Oala			
(Mailing Address)			
Bosto, MA OD) 25		•	
(Mailing Address)	SECRET IALLAHA	O6 DEC	
(Street Address)	NHY OF S	7.7 -	FILED
(Mailing Address)		3: 43	
(Street Address)			
(Mailing Address)	- 		
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(Name)

	(Mailing Address)	 		
		-		
(Name)	(Street Address)	-		
	(Mailing Address)	- •		
11. Effective date, if other than the date of filing:	·	ALL/ SEC	0,30	٠.
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)		ATTASSEE.	DEC -5	
to the delivery of this application to the Flor	ly authenticated, not more than 90 days prior rida Department of State, by the Secretary of entity's records in the jurisdiction under the	OF STATE FLORIDA	AM 8: 43	Ü
Signed this 277H day of /	NOVEMBER 20 06.			

(Street Address)

Filing Fees:

\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)

Certified Copy (optional): Certificate of Status (optional):

Signature of a general partner:

\$52.50

\$8.75

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The Commonwealth of Massachusetts

Secretary of the Commonwealth State House. Boston, Massachusetts 02133

November 30, 2006

To Whom it May Concern:

I hereby certify that according to the records in this office, an application for registration in the Commonwealth as a foreign Limited Partnership was filed in this office by

THE REALTY ASSOCIATES FUND VIII, L.P.

in accordance with the provisions of Massachusetts General Laws, Chapter 109, § 49, on June 19, 2006.

I further certify that said application has neither been cancelled nor has a Certificate of Withdrawal been filed by said Limited Partnership as of this date.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Processed By:jbm

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