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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT.	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Fund VIII Pointe Broward, L.P. (Name of Foreign Limited Partnership or Limited Liability Limited Partnership)
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership) The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida. Please return all correspondence concerning this matter to:
Heather Kennedy
(Contact Person)
Stutzman, Bromberg, Esserman & Plifka, PC
(Firm/Company)
2323 Bryan Street, Suite 2200
(Address)
Dallas, Texas 75201
(City, State and Zip Code)
For further information concerning this matter, please call:
Heather Kennedy at (214) 969-4900
(Name of Contact Person) (Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

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

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APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP TO TRANSACT BUSINES IN FLORIDA Fund VIII Pointe Broward, L.P. (Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)
APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
TO TRANSACT BUSINES IN FLORIDA
Fund VIII Pointe Broward, L.P.
Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, 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.} Delaware _{3.} January 4, 2007
(State or Country of Formation) (Date of Formation)
4. Corporation Service Company (Name of Registered Agent for Service of Process)
1201 Hays Street
(Florida street address for Registered Agent)
Tallahassee, FL 32301
5. I hereby accept the appointment as 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 duties, and I am familiar with an accept the obligations of my position as registered agent.
Jeanine Reynolds Signature of Registered Agent
_{7.} 28 State Street, 10th Floor
(Principal office address)
Boston, MA 02109
8. If limited partnership is a limited liability limited partnership, check box

9. 28 State Street, 10th Floor	ing address)	
Boston, MA 02109		
10. Name, principal office address, and m	ailing address of each general partner:	
Fund VIII Pointe Broward, LLC	28 State Street, 10th Floor	
(Name)	Boston, MA 02109	
107000000 098	Same as above	
p. ro	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	
(Name)	(Street Address)	
	(Mailing Address)	

Page 2 of 3

(Name)	(Street Address)
	(Mailing Address)
(Name)	(Street Address)
	(Mailing Address)
11. Effective date, if other than the date of (Effective date cannot be prior to no filed by the Florida Department of S	or more than 90 days after the date this document is
to the delivery of this application to	ence duly authenticated, not more than 90 days prior the Florida Department of State, by the Secretary of y of the entity's records in the jurisdiction under the
Signed this 4th day of	of January ,20 <u>07</u> .
Signature of a general partner: See attached Signature	rider
Filing Fees: Certified Copy (optional): Certificate of Status (optional):	\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee) \$52.50 \$8.75

SIGNATURE RIDER TO APPLICATION BY FOREIGN LIMITED PARTNERSHIP TO TRANSACT BUSINESS IN FLORIDA

GENERAL PARTNER:

FUND VIII POINTE BROWARD, LLC, a Delaware limited liability company,

By: The Realty Associates Fund VIII, L.P.,

a Delaware limited partnership,

By: Realty Associates Fund VIII, LLC

By: Realty Associates Advisors LLC

By: Realty Associates Advisors Trust

Name: Scott L. Dalrymple
Title: Sr. Vice President

Delaware

PAGE :

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "FUND VIII POINTE BROWARD, L.P." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FUND VIII POINTE BROWARD, L.P." WAS FORMED ON THE FIFTH DAY OF FEBRUARY, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4297794 8300 070138150 Darriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5416153

DATE: 02-07-07