## MITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

APPRUYEL

DOCUMENT # 698 000000 184

Florvest Eight, Limited Partnership

02 APR -1 PM 1:49

SECRETARY OF STATE TABLEAHASSEE, FLORIDA

						(Supplementation)			
	DO NOT WRIT	E IN TI	HIS SPA	<b>ACE</b>					
2. Principal Place of Business		3. Mailing	3. Mailing Address			DO NOT WRITE IN THIS SPACE			
216 Seven Farms Drive Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.						
Suite 200						DUE BY MAY 1			
City & State Charleston, SC		City & St	City & State		4. FEI Number	58-2383	572	Applied Not App	
Zip Country 29492		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
				7. Name and Address of Current Registered Agent Name					
DO NOT WRITE				CT Corporation System					
				Street Address (P.O. Box Number is Not Acceptable)					
IN THIS SPACE				1200 :	South Pir	ve Islano	1 Roas	d.	
				City Of	intation		FL	Zip Code 3332	
8 The above	e named entity submits this statemen	it for the purpose of	of changing its rooi			in the State of Flor		33324	<del></del>
b. THE ADOVE	s named entity submits this statemen	it for the purpose t	n changing its regi	stered office or regist	tered agent, or both,	in the State of Flor	iua.		
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable					DATE		_
9. Capital Contributions 1 000 m 10. Amount of Capital				ontributions	11. MAKE CHECK PAYABLE TO DEPT, OF STATE				
as Shown	· · · · · · · · · · · · · · · · · · ·		FLORIDA to date.	V MUST DE BEOR	STERED AND AG		<del> </del>	R FEE INFORMATI	ON
	A GENERAL PARTNE NOTE: General Partners	MAY NOT be ch	anged on the fo	rm; an amendme	ent must be filed	to change a ge	neral part	ner.	
12. GENERAL PARTNER INFORMATION									
DOCUMENT # NAME	F97000000224 ESD Properties, Inc.			STREET ADDRESS					
STREET ADDRESS	216 Seven Farms DI		200	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP Charleston, SC 29492					9000051963891				
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CITY OT 71D	1								

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:** 

CITY-ST-ZIP

John H. Disher Vice President, ESD Properties Inc.

3-28-02