

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007446

FILED  
Jul 06, 2007  
Secretary of State

Entity Name: REALTY ASSOCIATES FUND VIII TEXAS CORPORATION

**Current Principal Place of Business:**

28 STATE STREET  
TENTH FLOOR  
BOSTON, MA 02109

**New Principal Place of Business:**

**Current Mailing Address:**

28 STATE STREET  
TENTH FLOOR  
BOSTON, MA 02109

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CHRM ( ) Delete  
Name: RUANE, MICHAEL A  
Address: 28 STATE STREET 10TH FLOOR  
City-St-Zip: BOSTON, MA 02109

Title: PD ( ) Delete  
Name: RUANE, MICHAEL A  
Address: 28 STATE STREET 10TH FLOOR  
City-St-Zip: BOSTON, MA 02109

Title: VTSD ( ) Delete  
Name: EGAN, RICHARD G JR.  
Address: 28 STATE STREET 10TH FLOOR  
City-St-Zip: BOSTON, MA 02109

Title: S ( ) Delete  
Name: DALRYMPLE, SCOTT ASST.  
Address: 28 STATE STREET 10TH FLOOR  
City-St-Zip: BOSTON, MA 02109

Title: D ( ) Delete  
Name: POSTERNAK, NOEL  
Address: 28 STATE STREET 10TH FLOOR  
City-St-Zip: BOSTON, MA 02109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. RUANE

PD

07/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date