

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90024 026 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F06000007446

1. Entity Name
REALTY ASSOCIATES FUND VIII TEXAS CORPORATION



Principal Place of Business

**28 STATE STREET
TENTH FLOOR
BOSTON, MA 02109**

Mailing Address

**28 STATE STREET
TENTH FLOOR
BOSTON, MA 02109**

40047273



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. <u>20-5054281</u>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CHRM
NAME	RUANE, MICHAEL A
STREET ADDRESS	28 STATE STREET 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	PD
NAME	RUANE, MICHAEL A
STREET ADDRESS	28 STATE STREET 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	VTSD
NAME	EGAN, RICHARD G JR.
STREET ADDRESS	28 STATE STREET 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	S
NAME	DALRYMPLE, SCOTT ASST.
STREET ADDRESS	28 STATE STREET 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	D
NAME	POSTERNAK, NOEL
STREET ADDRESS	28 STATE STREET 10TH FLOOR
CITY-ST-ZIP	BOSTON, MA 02109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Ruane*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/08 017-476-2700
Date Daytime Phone #