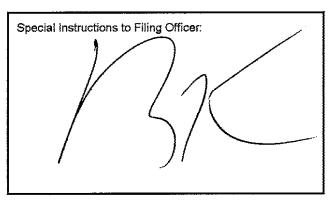
# M06000006111

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				



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SECTIVED

SUBSTITUTE OF STATE



ACCOUNT NO. : 072100000032				
REFERENCE : 570936 5138497				
AUTHORIZATION: Spelle na &				
COST LIMIT : \$ 125.00				
ORDER DATE: November 1, 2006				
ORDER TIME: 9:36 AM				
ORDER NO. : 570936-005				
CUSTOMER NO: 5138497				
FOREIGN FILINGS				
NAME: REALTY ASSOCIATES FUND VIII				
XXXX QUALIFICATION				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  XX PLAIN STAMPED COPY				
CONTACT PERSON: Amanda Haddan EXT# 2955				
EXAMINER:				

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Realty Associates Fund VIII LLC	Foreign Limited Liability Company)
Massachusetts	20-5065507
(Jurisdiction under the law of which foreign company is organized)	J.
June 15, 2006 (Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
n/a	
(Date first transa (See sections 608.5	cted business in Florida, if prior to registration.) 501 & 608.502 F.S. to determine penalty liability)
28 State St	SR 5 T
Boston, MA 02109	SA W
	(Street Address of Principal Office)
•	esses of the managing members or managers are as follows:
28 State St, Boston, MA	
he jurisdiction under the law of which it is orga- ranslation of the certificate under oath of the tra	te, no more than 90 days old, duly authenticated by the official having custody of records nized. (A photocopy is not acceptable. If the certificate is in a foreign language, a nelator must be submitted.)  be conducted or promoted in Florida: _own and lease property
11. Nature of business of purposes to	be conducted or promoted in Piorida.
3.04	
(In accordance with	nember or an authorized representative of a member. section 608.408(3), F.S., the execution of this document constitutes r the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

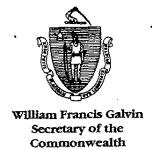
Bruce D Anderson

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1 Thousan	an af sha Timisa d Fighillar Cana		
1. The nam	ne of the Limited Liability Com	pany is:	
Realty	y Associates Fund VIII L	LC .	-
2. The nam	/ ne and the Florida street address	of the registered agent and office	e are:
	Corporation Service Company		
		(Namo)	
	1201 Hays Street		
	Florida Street Ad	dress (P.O. Box <u>NOT</u> ACCEPTABLE)	
	Tallahassee	FL 32301	
		City/State/Zip	
liability com agent and ag relating to th obligations o	pany at the place designated in t gree to act in this capacity. I further the proper and complete performa	to accept service of process for the this certificate, I hereby accept the ther agree to comply with the provance of my duties, and I am familiant as provided for in Chapter 608, I	appointment as registered visions of all statutes ar with and accept the

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)



# The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

## November 1, 2006

### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

### REALTY ASSOCIATES FUND VIII LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on June 15, 2006.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that, said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: REALTY ASSOCIATES ADVISORS LLC

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: REALTY ASSOCIATES ADVISORS LLC, MICHAEL A. RUANE

The names of all persons authorized to act with respect to real property listed in the most recent filing are: NONE

In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

in Travino Gallein

on the date first above written.

Secretary of the Commonwealth