

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A32724

1. Entity Name
 CITATION-BELLEAIR TOWERS, LTD.



FILED

2004 FEB 20 PM 3:38

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business
 P.O. BOX 12926
 SALEM, OR 97309

Mailing Address
 P.O. BOX 12926
 SALEM, OR 97309

2. Principal Place of Business
 2250 McGilchrist St SE
 Suite, Apt. #, etc.

3. Mailing Address
 P.O. Box 14111
 Suite, Apt. #, etc.
 Attn: Debbie Parsons

01132004 Chg-LP CR2E003 (10/03)

City & State
 Salem OR
 Zip 97302 Country USA

City & State
 Salem OR
 Zip 97309 Country USA

4. FEI Number
 93-1087037
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

9. Capital Contributions
 as Shown on record. \$2,607,282.00

10. Amount of Capital Contributions
 in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P37351
 NAME CLASSIC RETIREMENT CORP.
 STREET ADDRESS 2250 MCGILCHRIST ST., SE
 CITY-ST-ZIP SALEM, OR 97302

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 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800030064778
 03/03/04-01026-015 **526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-9-04

503/370-7071 x7009

STATE OF FLORIDA