


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May-1, 2005**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A32724 1. Entity Name CITATION-BELLEAIR TOWERS, LTD.	
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Principal Place of Business 2250 MCGILCHRIST ST SE SALEM, OR 97302	Mailing Address P.O. BOX 1411 ATTN: DEBBIE PARSONS SALEM, OR 97309 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01272005 Chg-LP CR2E003 (10/03)

City & State	City & State	4. FEI Number 93-1087037	Applied For Not Applicable
Zip	Country	Zip	Country

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
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,607,282.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P37351	NAME CLASSIC RETIREMENT CORP.	STREET ADDRESS	
STREET ADDRESS 2250 MCGILCHRIST ST., SE		CITY-ST-ZIP	
CITY-ST-ZIP SALEM, OR 97302			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

2/25/05