2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED

Due By May 1, 2006				Jan 31, 2006 08:00 AM			
DOCU	MENT # A32724			S	ecretar	y of State	
1. Entity Name CITATION	9 I-BELLEAIR TOWERS, LTD.						
Principal Place 2250 MCGILO SALEM, OR 9	CHRIST ST SE -= P.C 17302 -= AT	Wing Address D. BOX 1411 TN: DEBBIE PARSONS LEM, OR 97309 US					
			01122006 No Chg	J-LP CF	R2E003 (11/05)		
D	O NOT WRITE IN	I THIS SPA	CE	4. FEI Number 93-1087037		Applied For Not Applicab	
				Certificate of Statu	s Desired	\$8.75 Additional	
	6. Name and Address of Current Registe	ered Agent				Fee Required	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			-	DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for the pu	rpose of changing its registe	ered office or register	ed agent, or both, in the	State of Florida.	i am familiar with, and accep	
the obligati	ions of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						AIE	
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00							
	A GENERAL PARTNER THAT IS NOTE: General Partners MAY NOT	S A BUSINESS ENTITY					
12.	GENERAL PARTNER INFOR						
DOCUMENT (*) NAME STREET ADDRESS CITY-ST-ZIP	P37351 CLASSIC RETIREMENT CORP. 2250 MCGILCHRIST ST., SE SALEM, OR 97302						
DOCUMENT # NAME STREET ADDRESS CITY -ST -ZIP				02/	J000004119 10/06-8003	91 30-005 500.00	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NO	T WRIT	E	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME				IN THIS	S SPAC	E	
STREET ADDRESS		i					

14. 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 is true and accurate and that my signature shall have the same legat 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:

STAPLE CHECK HERE

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-13-06

503 370 7011