2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A32724

1. Entity Name

CITATION-BELLEAIR TOWERS, LTD.



FILED Feb 11, 2008 08:00 Al Secretary of State

Principal Place of Business 2250 MCGILCHRIST ST SE SALEM, OR 97302

Mailing Address
P.O. BOX 1411
ATTN: DEBBIE PARSONS
SALEM, OR 97309 US



DO NOT WRITE IN THIS SPACE

01222008 No Chg-LP

CR2E003 (12/06)

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

DO NOT WRITE IN THIS SPACE

PLANTATION, FL 33324		IN THIS SPACE
	e named entity submits this statement for the purpose of changing its retions of registered agent.	gustered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registerod agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.	00
		ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. oform; an amendment must be filed to change a general partner.
DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT / NAME STREET ADDRESS CITY - ST - ZIP	M07000001202 HARVEST GENERAL PARTNER I LLC 2250 MCGILCHRIST ST., SE SALEM, OR 97302	00000822603 02/20/08-80006-002 138.75 DO NOT WRITE IN THIS SPACE
DOCUMENT / NAME STREET ADDRESS CITY ST-ZIP DOCUMENT /		
NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT / NAME STREET ADDRESS		

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 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:

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ONELL K HERE 2-8-0

503/370-7171

Dayı-me Pho