


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # B94000000345 1. Entity Name CITATION MORTGAGE VIII LIMITED PARTNERSHIP	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 18 PM 1:31

Principal Place of Business 2250 MCGILCHRIST ST. SE STE 200 SALEM, OR 97302	Mailing Address ATTN: DEBBIE PARSONS P. O. BOX 14111 SALEM, OR 97309
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2. Principal Place of Business - No P.O. Box # <u>2260 McGilchrist St. SE</u>	3. Mailing Address Suite, Apt. #, etc. <u>Attn: Mary Casqueiro</u>
Suite, Apt. #, etc. 	Suite, Apt. #, etc.
City & State 	City & State
Zip 	Country

07062007 Chg-LP CR2E003 (12/06)

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 <div style="text-align: right;">FL Zip Code</div>
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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.

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
P37351 CLASSIC RETIREMENT CORP. 2250 MCGILCHRIST ST. SE SALEM, OR 97302	<u>2260 McGilchrist St. SE</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	<u>700106488667</u> <u>07/20/07--01032--017 **500.00</u>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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: Norman L. Brenden 7-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE HERE