

B94 000000345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

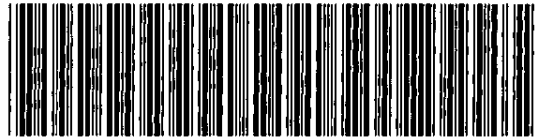
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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T. CLINE

MAR 20 2008

EXAMINER

B94-345



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2008

MARY CASQUEIRO
2264 MCGILCHRIST ST. SE, #210
SALEM, OR 97302

SUBJECT: CITATION MORTGAGE VIII LIMITED PARTNERSHIP
Ref. Number: B94000000345

We have received your document for CITATION MORTGAGE VIII LIMITED PARTNERSHIP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 008A00014269

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Citation Mortgage VIII Limited Partnership
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Mary Casqueiro
(Contact Person)
Harvest Development LLC
(Firm/Company)
2264 McGilchrist St. SE, #210
(Address)
Salem OR 97302
(City, State and Zip Code)

For further information concerning this matter, please call:

Mary Casqueiro at (503) 586-7160
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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NOTICE OF CANCELLATION
FOR
FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP

Citation Mortgage VIII Limited Partnership
(Name of limited partnership or limited liability limited partnership)

Oregon

(Jurisdiction of formation)

08-26-94

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: _____

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:

Norman L. Brenden, President
Classic Retirement Corp.

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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