

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB 14 AM 11:43

DOCUMENT # A07089

1. Entity Name  
LAKE EAST ASSOCIATES, LTD.



Principal Place of Business  
C/O NATIONAL DEV. CORP.  
4415 FIFTH AVE.  
PITTSBURGH, PA 15213

Mailing Address  
C/O NATIONAL DEV. CORP.  
4415 FIFTH AVE.  
PITTSBURGH, PA 15213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312005

Chg-LP

CR2E003 (10/03)

4. FEI Number  
25-1379721

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASNBACHER, LEWIS  
5150 BELFORT ROAD  
BUILDING 100  
JACKSONVILLE, FL 32256

Name  
Ansbacher & Schneider, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
5150 Belfort Road  
Building 100  
City Jacksonville FL Zip Code 32256

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

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

2/3/2005  
DATE

9. Capital Contributions  
as Shown on record. \$174,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # 449514  
NAME WESTCO BUILDERS INC.  
STREET ADDRESS 2902 59TH ST. W., STE. N  
CITY-ST-ZIP BRADENTON, FL

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT # P31335  
NAME NDC REALTY INVESTMENTS, INC.  
STREET ADDRESS 4415 FIFTH AVE.  
CITY-ST-ZIP PITTSBURGH, PA

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

700047024977  
02/22/05--01013--003 \*\*535.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Alana M Connor, Vice President*

2-8-05

412-578-7891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE