

**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

FILED

04 JUL -2 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                              |   |   |  |          |
|---|------------------------------|---|---|--|----------|
| <b>DOCUMENT # A20767</b>  |                              |   |   |                     |          |
| 1. Entity Name<br>PINE RIDGE ASSOCIATES, LTD.   |                              |   |   |  |          |
| Principal Place of Business<br>%4415 FIFTH AVENUE<br>PITTSBURGH, PA 15213   |                              |   | Mailing Address<br>%4415 FIFTH AVENUE<br>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   | 4. FEI Number<br>59-2666032  |          |
|   |                              |   |   | Applied For<br>Not Applicable  |          |
|   |                              |   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required             |          |
| 6. Name and Address of Current Registered Agent   |                              |   | 7. Name and Address of New Registered Agent                   |  |          |
| ANSBACHER, LEWIS<br>5150 BELFORT ROAD, BLDG 100<br>JACKSONVILLE, FL 32256   |                              |   | Name  |  |          |
|   |                              |   | Street Address (P.O. Box Number is Not Acceptable)            |  |          |
|   |                              |   | City  |  |          |
|   |                              |   | FL  |  | Zip Code |
| 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 _____  |                              |   |   |  |          |
| 9. Capital Contributions as Shown on record. \$608,700.00   |                              | 10. Amount of Capital Contributions in FLORIDA to date. |   | In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. |          |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                              |   |   |  |          |
| 12. GENERAL PARTNER INFORMATION   |                              |   | 13. ADDRESS CHANGES ONLY                                      |  |          |
| DOCUMENT #  | H34759                       | STREET ADDRESS  |   |  |          |
| NAME  | WESTCO MANAGEMENT INC.       | CITY-ST-ZIP   |   |  |          |
| STREET ADDRESS  | 4415 FIFTH AVENUE            |   |   |  |          |
| CITY-ST-ZIP   | PITTSBURGH, PA               |   |   |  |          |
| DOCUMENT #  | P31335                       | STREET ADDRESS  |   |  |          |
| NAME  | NDC REALTY INVESTMENTS, INC. | CITY-ST-ZIP   | 400039536564  |  |          |
| STREET ADDRESS  | 4415 FIFTH AVENUE            |   | 07/26/04--01069--014 **526.25                                 |  |          |
| CITY-ST-ZIP   | PITTSBURGH, PA               |   |   |  |          |
| DOCUMENT #  |                              | STREET ADDRESS  |   |  |          |
| NAME  |                              | CITY-ST-ZIP   |   |  |          |
| STREET ADDRESS  |                              |   |   |  |          |
| CITY-ST-ZIP   |                              |   |   |  |          |
| DOCUMENT #  |                              | STREET ADDRESS  |   |  |          |
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| STREET ADDRESS  |                              |   |   |  |          |
| CITY-ST-ZIP   |                              |   |   |  |          |
| DOCUMENT #  |                              | STREET ADDRESS  |   |  |          |
| NAME  |                              | 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: <i>Alane Connor</i> VP   |                              | 6-24-04   |   | 412-578-7891   |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  |                              | Date  |   | Daytime Phone #  |          |

STAPLE CHECK HERE