
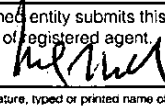
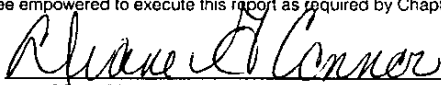


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 FEB 14 AM 11:52

DOCUMENT # A20767				
1. Entity Name PINE RIDGE ASSOCIATES, LTD.				
Principal Place of Business %4415 FIFTH AVENUE PITTSBURGH, PA 15213		Mailing Address %4415 FIFTH AVENUE 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	
		01042005	Chg-LP CR2E003 (10/03)	
		4. FEI Number 59-2666032	Applied For 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 5150 BELFORT ROAD, BLDG 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 		DATE 2/3/2005		
9. Capital Contributions as Shown on record. \$608,700.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	H34759 WESTCO MANAGEMENT INC. 4415 FIFTH AVENUE PITTSBURGH, PA	STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P31335 NDC REALTY INVESTMENTS, INC. 4415 FIFTH AVENUE PITTSBURGH, PA	STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	800647020178 02/22/05--01009--023 **526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
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: 		Date 2-8-05 412-578-7891		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #		

STAPLE CHECK HERE