


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS-REPORT (UBR)

0021415 FP

FILED

03 APR 10 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A20767 1. Entity Name PINE RIDGE ASSOCIATES, LTD.	
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Principal Place of Business 4415 FIFTH AVENUE PITTSBURGH PA 15213	Mailing Address 4415 FIFTH AVENUE PITTSBURGH PA 15213
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country

DUE BY MAY 1, 2003	
4. FEI Number 59-2666032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANSBACHER, LEWIS 5150 BELFORT ROAD, BLDG 100 JACKSONVILLE FL 32256	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

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 04/10/03--01056--004 **526.25
 DATE

9. Capital Contributions as Shown on record. \$608,700.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	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	
STREET ADDRESS	4415 FIFTH AVENUE		
CITY-ST-ZIP	PITTSBURGH PA		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: *RICHARD E. GORMAN* 4-3-03 412-578-7891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)