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ANSBACHER & SCHNEIDER, P. A. ATTORNEYS AT LAW

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City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____
 Mail out Will wait Photocopy Certified Copy
 Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 15 PM 3:37

FILED

5/24

Examiner's Initials

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Pine Ridge Associates II, Ltd.
Name of the limited partnership

2. 3/30/87
Date of filing/registration in Florida

3. A24313
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Lewis Ansbacher
Name
4215 Southpoint Blvd #100
Address
Jacksonville, FL 32216
City, State and Zip

5. The name and address of the new registered agent and/or office:

Lewis Ansbacher
Name
5150 Belfort Road, Bldg 100
Florida street address (P.O. Box **not** acceptable)
Jacksonville, FL 32256
City, State and Zip

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6. Such change(s) was/were authorized by the general partners.
Westco Management, Inc.

By: W. M. & A. M. S. W.
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00