

2001 UNIFORM BUSINESS REPORT (UBR)

0017717 AF

DOCUMENT # A24313

1. Entity Name

PINE RIDGE ASSOCIATES II, LTD.

FILED

01 FEB -6 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O NDC REALTY INVESTMENTS, INC. 4415 FIFTH AVE. PITTSBURGH PA 15213	Mailing Address C/O NDC REALTY INVESTMENTS, INC. 4415 FIFTH AVE. PITTSBURGH PA 15213
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-2791317	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$378,707.00	10. Amount of Capital Contributions in FLORIDA to date. 0.00	11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY-ST-ZIP	H34759 WESTCO MANAGEMENT, INC. 4415 FIFTH AVE. PITTSBURGH PA	STREET ADDRESS	508883656555-9 -02/07/01--01092--016 ****141.25 ****141.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P31335 NDC REALTY INVESTMENTS, INC. 4415 FIFTH AVE. PITTSBURGH PA	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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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: *Deane A. Connor, V.P.* **Westco Management, Inc.**
General Partner
1-31-01 412-578-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CFR2E003 (11/00)