

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION  
AND \$500 PENALTY FEE**

**FILED**

**97 MAR 17 AM 11:20**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**1a. DOCUMENT #  
A27206**



**INDEPENDENCE COURT OF NAPLES ASSOCIATES, LTD.**

<b>1. Name of Limited Partnership</b>  INDEPENDENCE COURT OF NAPLES ASSOCIATES, LTD.		<b>3. Date Formed or Registered</b> 10/13/1988		<b>5a. Capital Contributions as Shown on record</b>  <b>\$198.00</b>
<b>2. Mailing Address</b> 4415 FIFTH AVENUE PITTSBURGH PA 15213		<b>3a. Date of Last Report</b> 11/06/1995		
<b>2a. Principal Office Address</b> 4415 FIFTH AVENUE PITTSBURGH PA 15213		<b>4. State or Country of Formation</b> FL		<b>5b. Amount of Capital Contributions In FLORIDA to date:</b>
Suite, Apt. #, etc. City & State Zip Country		<b>6. FEI Number</b> 59-2911908		
Suite, Apt. #, etc. City & State Zip Country		<b>7. Certificate of Status Desired</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>		<input type="checkbox"/> \$8.75 Additional Fee Required

<b>9. Name and Address of Current Registered Agent</b>  ANSBACHER, LEWIS ANSBACHER & SCHNEIDER, PA 4215 SOUTHPOINT BLVD., #100 JACKSONVILLE FL 32216		<b>10. If changed, new Registered Agent/Office</b>	
		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
<b>10a.</b> Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11.</b> Name(s) of General Partner(s)  WESTCO MANAGEMENT, INC.	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers)  4415 FIFTH AVE	<b>11b.</b> City, State & Zip Code  PITTSBURGH PA	<b>11c.</b> Registration/Document Number  H34759
500002118365--7 -03/19/97--0110--017 ***156.25 ***156.25			
Dec 156.25 (new fees)			

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes

SIGNATURE *Linda Celigoi* DATE *3/4/97*  
 Typed or Printed Name of General Partner Signing Form *LINDA CELIGOI* Daytime Telephone Number *(412) 578-7800*