

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A28440
 1. Entity Name
ROYAL PALM CENTER ASSOCIATES, LTD.

FILED
 01 APR -6 PM 12: 23

Principal Place of Business Mailing Address
4415 FIFTH AVENUE **4415 FIFTH AVENUE**
PITTSBURGH PA 15213 **PITTSBURGH PA 15213**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2963674 Not Applicable
 5. Certificate of Status Desired **\$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

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 _____

9. Capital Contributions as Shown on record. **\$655,750.00** 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

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	
DOCUMENT #	H34759
NAME	WESTCO MANAGEMENT, INC.
STREET ADDRESS	1520-360 ROYAL PALM SQ.
CITY-ST-ZIP	FT. MYERS FL
DOCUMENT #	J70410
NAME	NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA
STREET ADDRESS	4415 FIFTH AVENUE
CITY-ST-ZIP	PITTSBURGH PA 15213
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
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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: *Diane G. Connor* **Diane G. Connor, V.P.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Westco Management, Inc.**
 Date **1-31-01** Daytime Phone # **412-578-7800**

CR2E003 (11/00)