


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018934 MB

DOCUMENT # A28440 1. Entity Name ROYAL PALM CENTER ASSOCIATES, LTD.	
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03 APR 15 PM 2:53



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 Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2003	
4. FEI Number 59-2963674	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
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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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____	9. Capital Contributions as Shown on record. \$655,750.00	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	1520-360 ROYAL PALM SQ.	STREET ADDRESS	500016078855
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	04/15/03--011072--019 ***526.25
DOCUMENT #	J70410	STREET ADDRESS	
NAME	NATIONAL DEVELOPMENT PROPERTIES OF FLORIDA	CITY-ST-ZIP	
STREET ADDRESS	4415 FIFTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15213	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <u><i>Robert M. Connors</i></u> VP <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date: 4-3-03	Daytime Phone #: 412-578-7891
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CR2E003 (10/02)