2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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CHECK

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED **DOCUMENT # A06000000769** NDC PITTSBURGH PARTNERS, LTD. 2007 APR 11 AM 9:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1001 THIRD AVENUE WEST-SUITE 600 1001 THIRD AVENUE WEST-SUITE 600 BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 CR2E003 (12/06) Chg-LP Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BLALOCK, WALTERS, HELD & JOHNSON, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST BRADENTON, FL 34205-7734 City Zip Code FL 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. DOCUMENT # STREET ADDRESS NAME WESTCO MANAGEMENT, INC. STREET ADDRESS 4415 FIFTH AVENUE CHY-ST-ZIP CHY-ST-ZIP PITTSBURGH, PA 15213 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STRUET ADDRESS NAME STREET ADDRESS CHY-ST-ZIP City-St-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 cath: 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

Kathleen Bellino

Daytime Phone #