Applied For

\$8.75 Additional

Fee Required

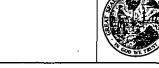
Not Applicable

2003 LIMITED PARTNERSHIP

UNIFORM	BUSINESS	REPORT	(UBR)
	A9/212		THE

DOCUMENT # ~~AZ

1. Entity Name PINE RIDGE ASSOCIATES II, LTD.



Principal Place of Business C/O NDC REALTY INVESTMENTS. INC. 4415 FIFTH AVE.

PITTSBURGH PA 15213

City & State

Mailing Address C/O NDC REALTY INVESTMENTS, INC. 4415 FIFTH AVE.

PITTSBURGH PA 15213

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	



DUE BY MAY 1, 2003

Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANSBACHER, LEWIS 5150 BELFORT ROAD, BLDG 100 JACKSONVILLE FL 32256

City & State

المالة المالية المستهما المالية والمتأثثات			-
Street Address (P.O. Box Number is Not Acceptable)		-	
•			
City	EI	Zip Code	

900015646339

4. FEI Number 59-2791317

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 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.

11. MAKE CHECK PAYABLE TO FL. 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.

1101E. General Factors that 1101 be changed on the form, an amendment must be med to change a general partner.				
12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	H34759 WESTCO MANAGEMENT, INC.	STREET ADDRESS	·	
STREET ADDRESS 4415 FIFTH AVE. CITY-ST-ZIP PITTSBURGH PA	CITY-ST-ZIP			
DOCUMENT # NAME	P31335 NDC REALTY INVESTMENTS, INC.	STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	4415 FIFTH AVE. PITTSBURGH PA	CITY-ST-ZIP		
DOCUMENT / NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
DOCUMENT / NAME		STREET ADDRESS	air THOMAS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	M. ttom.	
DOCUMENT # NAME		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: