2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED SECRETARY OF STATE **Due By May 1, 2008** TALLAHASSEE, FLORIDA **DOCUMENT # A06000000769** 08 APR 23 AM II: 03 NDC PITTSBURGH PARTNERS, LTD. Principal Place of Busines's Mailing Address 1001 THIRD AVENUE WEST-SUITE 600 -1001 THIRD AVENUE WEST-SUITE 600 -BRADENTON, FL 34205 BRADENTON, FL 34205 4415 2. Principal Place of Business - No P.O. Box # Mailing Address 4415 FIFTH Suite, Apt. #, etc. Suite, Apt. #, etc. 04042008 CR2E003 (12/06) Chg-LP City & State City & State 4. FEI Number Applied For 20-5032009 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLALOCK, WALTERS, HELD & JOHNSON, P.A. **802 11TH STREET WEST** Street Address (P.O. Box Number is Not Acceptable) BRADENTON, FL 34205-7734 City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title it applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 12. ADDRESS CHANGES ONLY **200125**023552 04/22/08--01017--013 ***50 DOCUMENT # STREET ADDRESS NAME WESTCO MANAGEMENT, INC. **500.00 STREET ADDRESS 4415 FIFTH AVENUE CITY - ST-7IP CHY-ST-ZIF PITTSBURGH, PA 15213 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT (STREET ADDRESS NAME 1 STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS MARIE STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS

14. I hereby cortify 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 it made under eath; 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:

City-ST-ZIP