

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 14 AM 10:28

DOCUMENT # A18631

1. Entity Name
CARRIAGE CLUB ASSOCIATES, LTD.



Principal Place of Business
4415 5TH AVE.
PITTSBURG, PA 15213

Mailing Address
4415 5TH AVE.
PITTSBURG, PA 15213

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005

Chg-LP

CR2E003 (10/03)

4. FEI Number

25-1502749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEWIS, ANSBACHER
4215 SOUTHPOINT BLVD,
SUITE 100
JACKSONVILLE, FL 32216

7. Name and Address of New Registered Agent

Name

Ansbacher & Schneider, P.A.

Street Address (P.O. Box Number is Not Acceptable)

5150 Belfort Road

Building 100

City

Jacksonville

FL

Zip Code

32256

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.

2/3/2005

DATE

9. Capital Contributions
as Shown on record.

\$180,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 1001 3RD AVE. #460
CITY-ST-ZIP BRADENTON, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS 200046850852
02/18/05--01004--020 **526.25

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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: Reanne M Connor Vice President

2-8-05

412-578-7891

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE