

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 17, 2006 08:00 AM
Secretary of State

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**



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**ANSBACHER & SCHNEIDER, P.A.
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE, FL 32256**

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

01/20/06-80061-001 500.00

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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **H34759**
NAME **WESTCO MANAGEMENT, INC.**
STREET ADDRESS **1001 3RD AVE. #460**
CITY-ST-ZIP **BRADENTON, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing 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 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 **Maria A. Cannon** **Dane Cannon VP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-6-06

Date

412-578-7891

Daytime Phone #

STAPLE CHECK HERE