2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUL -2 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A24313

1. Entity Name
PINE RIDGE ASSOCIATES II, LTD.

Principal Place of Business	Mailing Address
C/O NDC REALTY INVESTMENTS, INC. 4415 FIFTH AVE. PITTSBURGH, PA 15213	C/O NDC REALTY INVESTMENTS, INC. 4415 FIFTH AVE. PITTSBURGH, PA 15213

06242004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2791317 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANSBACHER, LEWIS 5150 BELFORT ROAD, BLDG 100 JACKSONVILLE, FL 32256	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
$378,707.00		

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	H34759	STREET ADDRESS	
NAME	WESTCO MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	4415 FIFTH AVE.		
CITY-ST-ZIP	PITTSBURGH, PA		
DOCUMENT #	P31335	STREET ADDRESS	
NAME	NDC REALTY INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	4415 FIFTH AVE.		
CITY-ST-ZIP	PITTSBURGH, PA		
DOCUMENT #		STREET ADDRESS	800083536528
NAME		CITY-ST-ZIP	07/26/04--01069--013 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Diane A Connor VP 6-24-04 412-578-7891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #