FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



TOWN 'N COUNTRY PLAZA OF TAMPA, LTD.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

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SECRETARY OF STATE

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Mailing Address 611 WEST BAY STREET TAMPA FL 33606		Principal Office Address 611 WEST BAY STREET TAMPA FL 33606			3. Date Formed or Registered 12/19/1996 3a. Date of Last Report 12/01/1997		5a. Capital Contributions as Shown on record. \$250,000.00			
2. Mailing Address		2a. Principal Office Address			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number 59-1171416	Applied For Not Applicable				
City & State	Causta	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required				
Zip	Country	Zip	Country		8. Make check payable to: Dept. of 9	State (See reverse side for fee information)				
9 Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office							
TOWN 'N COUN	-	Sister on Adelle	Name							
611 WEST BAY	•	Street Address (P.O. Box Number Is Not Acceptable)								
TAMPA FL 33606		Suite, Apt, #, etc.								
			City			FL	Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.										
SIGNATURE (Registered Agent Accepting Appointment)DATE										
A GENERAI	L PARTNER THAT IS MUST	A CORPORATION, L BE REGISTERED ANI	IMITED D ACTIV	PART VE WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY			
11. Name(s) of Ge	eneral Partner(s)	11a. Address of Each General		11b.	City, State & Zip Code	11c.	Registration/ Document Number			
TOWN 'N COUN	ITRY PARK, INC.	611 WEST BAY STREET		TAM	PA FL 33606	216	886			
PSK, INC.		27001 U.S. HIGHWAY 19		CLE	ARWATER FL 33761 500027 -12/03/9 ****53		000035379 15			
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Note: General	Note: General partners MAY NOT be changed on this form: an amendment must be filed to change a general partner.									

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.