## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## Apr 13, 2004 08:00 AM Secretary of State DOCUMENT # B98000000243 Entity Name TOWN 'N COUNTRY PLAZA, L.P. Mailing Address Principal Place of Business 27001 US HWY, 19 NORTH, SUITE 2095 27001 US HWY. 19 NORTH, SUITE 2095 CLEARWATER, FL 33761 CLEARWATER, FL 33761 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt #. etc 03042004 CR2E003 (10/03) Applied For 4. FEI Number City & State City & State 76-0571508 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POLLACK, LOREN M Street Address (P.O. Box Number is Not Acceptable) 27001 US HIGHWAY 19 N, SUITE 2095 CLEARWATER, FL 33761 Zip Code City 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 it peg or primad name of registered agent and little if applicable DATE 9. Capital Contributions 10. Amount of Capital Contributions \$4,198,000.00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L01000019084 DOCUMENT # STREET ACCRESS NAME TNCP, LLC U00000119742 STREET ADDRESS 611 WEST BAY STREET C31Y-S1-Z3P 04/20/04-80002-010 535.00 CITY-ST-ZIP TAMPA, FL 33606 DOCUMENT # STREET ADDRESS MARKE PSK, INC. STREET ADDRESS 27001 US HWY. 19 NORTH, SUITE 2095 C3TY-57-ZIP CITY-ST-ZIP CLEARWATER, FL 33761 DOCUMENT # STREET ACCRESS NAME STREET ADDRESS COY-ST-7IP CHY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHEV ST ZIE DOCUMENT # STREET ADDRESS HAME STREET ADDRESS E17Y-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). Plorida 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

**FILED**