2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # B98000000243

1. Entity Name
TOWN 'N COUNTRY PLAZA, L.P.

Principal Place of Business	Mailing Address
27001 US HWY. 19 NORTH, SUITE 2095 CLEARWATER, FL 33761	27001 US HWY. 19 NORTH, SUITE 2095 CLEARWATER, FL 33761

02182005 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 76-0571508 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLLACK, LOREN M
27001 US HIGHWAY 19 N, SUITE 2095
CLEARWATER, FL 33761

7. Name and Address of New Registered Agent

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 $4,198,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L01000019084	STREET ADDRESS	400000294796
NAME	TNCP, LLC		
STREET ADDRESS	611 WEST BAY STREET		
CITY-ST-ZIP	TAMPA, FL 33606	CITY-ST-ZIP	04/09/05-80001-004 535.00
DOCUMENT #		STREET ADDRESS	
NAME	PSK, INC.		
STREET ADDRESS	27001 US HWY. 19 NORTH, SUITE 2095		
CITY-ST-ZIP	CLEARWATER, FL 33761	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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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: Loren M Pollack Loren M Pollack 3/14/05 (727) 796-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #