

2006 LIMITED PARTNERSHIP ANNUAL REPORT
'Due' By May 1, 2006

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # B98000000243

1. Entity Name

TOWN 'N COUNTRY PLAZA, L.P.



Principal Place of Business

27001 US HWY. 19 NORTH, SUITE 2095
CLEARWATER, FL 33761

Mailing Address

27001 US HWY. 19 NORTH, SUITE 2095
CLEARWATER, FL 33761



03032006 No Chg-LP

CRZE003 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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

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 # L01000019084
NAME TNCP, LLC
STREET ADDRESS 611 WEST BAY STREET
CITY-ST-ZIP TAMPA, FL 33606

DOCUMENT #
NAME PSK, INC.
STREET ADDRESS 27001 US HWY. 19 NORTH, SUITE 2095
CITY-ST-ZIP CLEARWATER, FL 33761

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

100000496892
04/22/06-80032-003 508.75

**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: *Loren M Pollack* Loren M Pollack

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/23/06

727 796-1077

Date

Daytime Phone #

STAPLE CHECK HERE