## FILE ON OR BEFORE DECEMBER 31, 19. JUN LIMITED FARING 19:11. WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**SIGNATURE** 

WILL BE SUBJECT TO REVOC	CATION AND <u>\$500 PENAL</u>	TY FEE		····			
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS			SECRETARY OF STATE DIVISION OF CORPORATIONS			
1. Name of Limited Partnership	1a. DOCUMENT # B98000000683		<u> </u>	98 DEC 21 AM 9: 07			
The TC Operating Limited Par	rtnership			012/31			
Mailing Address	g Address Principal Office Address			3. Date Formed or Registered	5a. Cap	ital Contributions as	
100 South Charles Street, Suite 1700 Baltimore, Maryland 21201				November 24,1998  3a. Date of Last Report  N/A	<u> </u>	106,235.  Munt of Capital inbullons in FLORIDA	
Mailing Address     Za. Principal Office Address				4. State or Country of Formation	lo da	ue:	
Suite, Apt. #, etc.	Suite Apt. #, etc.			Maryland	\$31,7	06,235.	
				6. FEI Number		Applied For Not Applicable	
City & State	City & State			52 -1838097 7. Certificate of Status Desired	Ó	\$8.75 Additional	
Zip Country	Zip Country			8. Make check payable to: Dept. of		Fee Required	
9. Name and Address of Current Registered Agent Name				10. If changed, new Registered Agent/Office			
CT Corporation System		<u> </u>		ess (P.O. Box Number is Not Acceptable)			
1200 South Pine Island Road Plantation, Florida 33324	ation, Florida 33324 Suite, Apt. #, etc.						
			#, etc.				
		City			FL	Zip Code	
10a. Pursuant to the provisions of sections 620, 1051 and 62 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the State of Flori	d limited partn da, Such cha	ership organi nge was auth	zed or registered under the laws of the orized by its general partner(s). I here	e State of Flor by accept the	ida, submits this statement appointment of registered	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
11. Name(s) of General Partner(s)	Address of Each General Partner  11a. (On NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		11c.	Registration/ Document Number	
The Town and Country Trust	100 South Charles Street Suite 1700		Balti	Baltimore, MD 21201 0000027 -01/05/		000000053 0606 1090-016	
The Town and Country Oriole Corporation	100 South Charles B Street Suite 1700		Balt		26,25	****526,25 8000006569	
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 filing 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 flightwent 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 eath, I further certify that I am a General Partner of the limited partnership, receiver or trustee							

Jennifer C. Munch, Vice-President-Treasurer 410-539-7600

CR2F(10:3 (8/98)