2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY SEPTEMBER 8, 2004

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SIGNATURE:

Aug 23, 2004 08:00 AM Secretary of State **DOCUMENT # B98000000683** THE TO OPERATING LIMITED PARTNERSHIP Principal Place of Business Mailing Address 100 SOUTH CHARLES STREET, SUITE 1700 100 SOUTH CHARLES STREET, SUITE 1700 BALTIMORE MD 21201 BALTIMORE MD 21201 2. Principal Place of Business 3. Mailing Address Suite Act. #. etc. Suite, Apt #, etc. CR2E003 (4/04) 4. FEI Number Applied For City & State City & State 52-1838097 Not Applicable Country \$8.75 Additional Zip Country Ziο 5. Centificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. 11, FILE NOW!!! Due by September 8, 2004! in the State of Florida. I am familiar with, and accept the obligations of registered agent. See Block 11 instructions for fee into. If first notice was not received, check box DATE Signature, typod or printed name of registered agent and title if applicable and do not include \$400 late ice. 10. Amount of Capital Contributions 9. Capital Contributions \$31,706,235.00 in FLORIDA to date as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # D98000000053 STREET ADDRESS THE TOWN AND COUNTRY TRUST MAME 100 SOUTH CHARLES STREET, SUITE 1700 STREET ADDRESS CSTY-ST-ZIP CITY-SI-ZIP BALTIMORE MD 21201 <u>| 1000000170780</u> | 23/04-80011-F98000006569 DOCUMENT # STREET ADDRESS TH TOWN AND COUNTRY ORIOLE CORPORATION NAME STREET ADDRESS 100 SOUTH CHARLES STREET, SUITE 1700 CITY - ST - Z3P BALTIMORE MD 21201 CITY - ST - ZIE DOCUMENT # STREET ADDRESS MALKE STREET ADDRESS DATY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CSTY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-SE-ZIP 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 funder 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

James Dolphin, Executive VP/Co-COO

OR PRINTED NAME OF SIGNING GENERAL PARTNER

FILED

8/04/2004

Date