2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 7, 2005

_		Due By Sep		SECHE MAY OF THE						
		Г # В98000000	683				DIVISION PORPORATIONS			
,	1. Entity Name THE TC OPERATING LIMITED PARTNERSHIP							25 AM 10: 15		
ļ	Principal Place of Business 100 SOUTH CHARLES STREET, SUITE 1700 BALTIMORE, MD 21201 Mailing Address 100 SOUTH CHARLES STREES STREET, SUITE 1700 BALTIMORE, MD 21201				SUITE 1700		1	# 11111 61111 E1111 E1111 11111 11111 1)) [] [] []	
				nba	ra St					
	Suite 1700	0	Suite, Apt. #, etc. 1700		07062005	Chg-LP	CR2E003 (10/03)			
	Butinore MD		Baltimore		MD	4. FEI Number 52-1838097			oplied For ot Applicable	
	Zip 21202	Country	Zip 21202	Cour	ntry	5. Certificate	of Status Desired	S8.75 Add Fee Require		
	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 PLANTATION, FL 33324				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 Signature, typed or printed name of registered agent and title if applicable.				DATE					
	9. Capital Contributions as Shown on record. \$31,706,235.00 10. Amount of Capital Coin FLORIDA to date.				ontributions					
	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 / D98000000053				13. ADDRESS CHANGES ONLY					
	NAME THE TOWN AND COUNTRY TRUST 100 SOUTH CHARLES STREET, SUITE 1700				eet ADDRESS 3	_ രൗ്ത്ര്	homban	1.5t.	. 25	
ļ	DOCUMENT / F980000	CCUMENT # F9800006569			EET ADDRESS	130XTITI	W/4, /··	U LIFUE		
	STREET ADDRESS 100 SOL	TH TOWN AND COUNTRY ORIOLE CORPORATION 100 SOUTH CHARLES STREET, SUITE 1700 BALTIMORE, MD 21201			'-\$T-ZIP					
STAPLE CHECK HERE	DOCUMENT #			STR	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP				-ST-ZiP	nz Si		 J <u>45</u> 648		
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	STREET ADDRESS CITY-ST-ZIP			CITY	'-\$T-ZIP					
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	DOCUMENT # NAME			STR	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Date Date Date Date Date Date										