

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -5 PM 3:18



1. Name of Limited Partnership

1a. DOCUMENT #
B94000000099

FLORIDA KEYS FACTORY SHOPS LIMITED PARTNERSHIP

Mailing Address

% PRIME RETAIL, L.P.
100 EAST PRATT STREET, 18TH FLOOR
BALTIMORE MD 21202

Principal Office Address

% PRIME RETAIL, L.P.
100 EAST PRATT STREET, 18TH FLOOR
BALTIMORE MD 21202

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

03/16/1994

3a. Date of Last Report

11/26/1996

4. State or Country of Formation

IL

5a. Capital Contributions as
Shown on record.

\$230,000.00

5b. Amount of Capital
Contributions in FLORIDA
to date

\$230,000.

6. FEI Number

36-3886631

☐ Applied For
☒ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MANN, WILLIAM J
5461 FACTORY SHOPS BLVD.
ELLENTON FL 34222

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

600002407876--2

-01/21/98--01139--014

****550.00 ****550.00

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

PRIME RETAIL, L.P.

PRIME RETAIL FINANCE II, INC

100 EAST PRATT STREET

100 EAST PRATT STREET

BALTIMORE MD 21202

BALTIMORE MD 21202

B940000000991

F950000000993

OR
1-16

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 the event 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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Bernard D. Manzone Jr V.P.

DATE

12/31/97

Typed or Printed Name of General Partner Signing Form

BERNARD D. MANZONE, JR V.P.

Daytime Telephone Number

(410) 234-1757

CR2E003 (6/97)