

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000099

1. Entity Name

FLORIDA KEYS FACTORY SHOPS LIMITED PARTNERSHIP

Principal Place of Business

% PRIME RETAIL, L.P.
100 EAST PRATT STREET, 19TH FLOOR
BALTIMORE MD 21202

Mailing Address

% PRIME RETAIL, L.P.
100 EAST PRATT STREET, 19TH FLOOR
BALTIMORE MD 21202-1009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3886631

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$230,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

13. ADDRESS CHANGES ONLY

DOCUMENT # B94000000099
NAME PRIME RETAIL, L.P.
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR
CITY - ST - ZIP BALTIMORE MD 21202

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT # F95000000993
NAME PRIME RETAIL FINANCE II, INC.
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR
CITY - ST - ZIP BALTIMORE MD 21202

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

500003292345--5
-06/15/00-01123-009
*****535.00 *****535.00

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STREET ADDRESS

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 REQUIRED

410-234-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Name: C. Alan Schroeder Executive Vice President - General Counsel and Secretary

Date

Daytime Phone #

C = 111(079)