

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016007 AF

DOCUMENT # B94000000099

1. Entity Name

FLORIDA KEYS FACTORY SHOPS LIMITED PARTNERSHIP

FILED  
01 APR 27 PM 6:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
% PRIME RETAIL L.P. % PRIME RETAIL L.P.  
100 EAST PRATT STREET, 19TH FLOOR 100 EAST PRATT STREET, 19TH FLOOR  
BALTIMORE MD 21202 BALTIMORE MD 21202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-3886631		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 #	B940000000991	STREET ADDRESS	9000004194009--0
NAME	PRIME RETAIL, L.P.	CITY-ST-ZIP	-05/10/01--01109--014
STREET ADDRESS	100 EAST PRATT STREET, 19TH FLOOR		****535.00 ****535.00
CITY-ST-ZIP	BALTIMORE MD 21202		
DOCUMENT #	F950000000993	STREET ADDRESS	
NAME	PRIME RETAIL FINANCE II, INC.	CITY-ST-ZIP	
STREET ADDRESS	100 EAST PRATT STREET, 19TH FLOOR		
CITY-ST-ZIP	BALTIMORE MD 21202		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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

By: Prime Retail, Inc.  
SIGNATURE REQUIRED

SIGNATURE:

410-234-0782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

Name: C. Alan Schroeder

CR2E003 (11/00)