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SECREGARE OF STATES TALEATIASSEE, FEORIDA

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

Mailing Address % PRIME RETAIL. L.P.

100 EAST PRATT STREET. 19TH FLOOR

DOČUMENT # **B9400000099**

1. Entity Name

Principal Place of Business % PRIME RETAIL, L.P.

100 EAST PRATT STREET, 19TH FLOOR

FLORIDA KEYS FACTORY SHOPS LIMITED PARTNERSHIP



BALTIMORE MD 21202 BALTIMORE MD 21202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State Applied For City & State 4. FEI Number 36-3886631 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANN, WILLIAM J Street Address (P.O. Box Number is Not Acceptable) 5461 FACTORY SHOPS BLVD. **ELLENTON FL 34222** City 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 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$230,000.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION 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 12. B94000000091 DOCUMENT # STREET ADDRESS PRIME RETAIL, L.P. NAME 100 EAST PRATT STREET, 19TH FLOOR 200015437252 04/07/03--01075--011 **15 STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD 21202** CITY-ST-ZIP F95000000993 DOCUMENT # STREET ADDRESS PRIME RETAIL FINANCE II, INC. NAME 100 EAST PRATT STREET, 19TH FLOOR STREET ADDRESS CITY-ST-ZIP **BALTIMORE MD 21202** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

R. Kelvin Antill

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SIGNATURE:

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RICULTUDE REQUIRED

Executive Vice President -General Counsel & Secretary

4/4/03

(410) 234-0782

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