

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-16-2008 90123 001 ****46.25
04-16-2008 90123 002 ****46.25
04-16-2008 90123 003 ****46.25

SECRETARY OF STATE
DIVISION OF CORPORATION

08 APR 16 AM 9:57

30004006

DOCUMENT # M03000003864

1. Entity Name
PRIME OUTLETS MORTGAGE BORROWER GP, LLC

Principal Place of Business Mailing Address

326 THIRD STREET 326 THIRD STREET
ATTN: LYNETTE HAMDI ATTN: LYNETTE HAMDI
LAKEWOOD, NJ 08701 LAKEWOOD, NJ 08701



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 03-0530955 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTONASSEE, FL 33331

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 _____ (NOTE: Registered Agent's signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PRIME OUTLETS MEMBER, LLC
STREET ADDRESS	217 EAST REDWOOD STREET, 20TH FLOOR
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	MGR
NAME	PRIME OUTLETS MORTGAGE BORROWER GP MEMBER
STREET ADDRESS	217 EAST REDWOOD STREET, 20TH FLOOR
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	MGR
NAME	LICHTENSTEIN, DAVID
STREET ADDRESS	326 THIRD STREET
CITY-ST-ZIP	LAKEWOOD, NJ 08701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lynette Hamdi 1-9-08 732-367-0129 x138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31/07**

SECRETARY OF STATE		FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS
APPLICATION FOR RENEWAL OF FICTITIOUS NAME		
REGISTRATION # 603184900116		
1. Name and Mailing Address		
Prison Calls Online PO Box 620909 Orlando, FL 32762		
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.		

FILED
08 APR 16 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



G08112900017
04/21/08--01040--017 **50.00

☒ CHECK HERE IF MAKING CHANGES


2. Mailing Address change if applicable:		
2247 Stone Cross Circle		
Suite, Apt. #, etc.		
City	State	Zip Code
Orlando	FL	32828

3. County of Principal Place of Business	4. Date Registered
Orange	7-3-03
5. Certificate of Status Desired	
<input type="checkbox"/> \$10 Additional Fee Required	

**AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

6. CURRENT OWNER (S)				7. ADDITIONS / CHANGES TO OWNERS			
DOCUMENT #	P02000076023	<input type="checkbox"/> DELETE		DOCUMENT #		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
FEI #	51-0420656			FEI #			
NAME	Owen Associates, Inc.			NAME			
STREET ADDRESS	2247 Stone Cross Cr.			STREET ADDRESS			
CITY - ST - ZIP	Orlando, FL 32828			CITY - ST - ZIP			
DOCUMENT #		<input type="checkbox"/> DELETE		DOCUMENT #		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
FEI #				FEI #			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
DOCUMENT #		<input type="checkbox"/> DELETE		DOCUMENT #		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
FEI #				FEI #			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
DOCUMENT #		<input type="checkbox"/> DELETE		DOCUMENT #		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
FEI #				FEI #			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

8. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption contained in section 119, Florida Statutes. (At least one signature required)


Signature of Owner

4-7-08
Date

Signature of Owner Date

(CR4E003) 10/06