2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000006195

1. Entity Name
PRIME RETAIL PROPERTY MANAGEMENT LLC

Principal Place of Business	Mailing Address
326 THIRD STREET ATTN: LYNETTE HAMDI LAKEWOOD, NJ 08701	326 THIRD STREET ATTN: LYNETTE HAMDI LAKEWOOD, NJ 08701

01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
16-1745478

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MANN, WILLIAM J
C/O PRIME OUTLETS AT ELLENTON
5461 FACTORY SHOPS BLVD.
ELLENTON, FL 34222

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000813025
02/12/08-80073-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BRVENIK, ROBERT
STREET ADDRESS	217 EAST REDWOOD STREET, 20TH FLOOR
CITY-ST-ZIP	BALTIMORE, MD 21202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 #