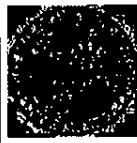


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M06000006195

1. Entity Name
PRIME RETAIL PROPERTY MANAGEMENT LLC



Principal Place of Business

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

Mailing Address

**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

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

(NOTE: Registered Agent signature required when remailing)

DATE

3.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-9-08

Date

Daytime Phone

732-367-0129
X138