

B04000000207

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE

PRIME RETAIL MANAGEMENT LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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T. CLINE

SEP 17 2010

EXAMINED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Retail Management Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B04000000207

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tracy L. Reinholt

Contact Person

Simon Property Group

Firm/Company

225 W. Washington St., P.O. Box 7033

Address

Indianapolis, IN 46207-7033

City, State and Zip Code

treinholt@simon.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tracy L. Reinholt

Name of Contact Person

at (317)

263-7131

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

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TALLAHASSEE, FLORIDA

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Prime Retail Management Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 05/10/2004 3. BD4000000207
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI Services, Inc.
Name
2731 Executive Park Drive, Suite 4
Address
Weston, FL 33331
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CT Corporation System
Name
1200 South Pine Island
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

PRIME RETAIL, L.P., a Delaware limited partnership, its general partner

By: PRIME OUTLETS ACQUISITION COMPANY LLC, a Delaware limited liability company, its general partner

By: James M. Barkley James M. Barkley, Secretary "Authorized Representative"

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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