

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000091**

1. Entity Name

**PRIME RETAIL, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 29 PM 1:37

Principal Place of Business

% PRIME RETAIL, L.P.  
100 EAST PRATT ST., 19TH FL  
BALTIMORE MD 21202

Mailing Address

% PRIME RETAIL, L.P.  
100 EAST PRATT ST., 19TH FL  
BALTIMORE MD 21202-1009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-1844882

6000000  
4716

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MANN, WILLIAM J  
GULF COAST FACTORY SHOPS  
5461 FACTORY SHOPS BLVD.  
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$32,022,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F94000001918**  
NAME **PRIME RETAIL, INC.**  
STREET ADDRESS **100 EAST PRATT STREET, 19TH FLOOR**  
CITY-ST-ZIP **BALTIMORE MD 21202**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE:

**SIGNATURE REQUIRED**

410-234-0782

Name: **C. Alan Schroeder** Executive Vice President - General Counsel and Secretary

Daytime Phone #

CR2E003 (9/99)