

2001 UNIFORM BUSINESS REPORT (UBR)

0016018 AF

DOCUMENT # B94000000091

1. Entity Name

PRIME RETAIL, LTD.


Principal Place of Business	Mailing Address
% PRIME RETAIL, L.P. 100 EAST PRATT ST., 19TH FL BALTIMORE MD 21202	% PRIME RETAIL, L.P. 100 EAST PRATT ST., 19TH FL BALTIMORE MD 21202

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

01 APR 27 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MANN, WILLIAM J GULF COAST FACTORY SHOPS 5461 FACTORY SHOPS BLVD. ELLENTON FL 34222		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
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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 #	F00000004716	STREET ADDRESS	
NAME	PRIME RETAIL, INC.	CITY-ST-ZIP	
STREET ADDRESS	100 EAST PRATT STREET, 19TH FLOOR		
CITY-ST-ZIP	BALTIMORE MD 21202		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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: Prime Retail, Inc.  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 4-10-234-0782 Daytime Phone #

CR2E003 (11/00)