

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000091

1. Entity Name  
PRIME RETAIL, LTD.



FILED  
03 APR 23 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 52-1844882

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

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 FL. 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 # F00000004716  
NAME PRIME RETAIL, INC.  
STREET ADDRESS 100 EAST PRATT STREET, 19TH FLOOR  
CITY-ST-ZIP BALTIMORE MD 21202

STREET ADDRESS

CITY-ST-ZIP

500015437305

04/07/03--01075--013 \*\*150.00

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STREET ADDRESS

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.

R. Kelvin Antill

Executive Vice President -

General Counsel & Secretary

4/4/03

(410) 234-0782

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0019158 MB