

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000370**

1. Entity Name

THE PRIME OUTLETS AT VERO BEACH LIMITED PARTNERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O PRIME RETAIL, L.P., 100 EAST PRATT STREET, 19TH FLOOR, BALTIMORE MD 21202
Mailing Address: C/O PRIME RETAIL, L.P., 100 EAST PRATT STREET, 19TH FLOOR, BALTIMORE MD 21202-1009

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

4. FEI Number: **52-2096388** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name: ~~William J. Mann~~
Street Address (P.O. Box Number is Not Acceptable):
5461 Factory Shops Blvd.
City: **Ellenton** FL Zip Code: **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.
SIGNATURE: *William J. Mann* **William J. Mann** DATE: **4-27-00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record: **\$100.00**
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	
DOCUMENT #	B95000000091
NAME	PRIME RETAIL, L.P.
STREET ADDRESS	100 EAST PRATT STREET, 19TH FLOOR
CITY - ST - ZIP	BALTIMORE MD 21202
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000003267710--6
CITY - ST - ZIP	-05/26/00--01010--008
	****150.00 ****150.00
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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

SIGNATURE: *C. Alan Schroeder* **C. Alan Schroeder** 410-234-0782
Name: **C. Alan Schroeder** Executive Vice President - General Counsel and Secretary Date: Daytime Phone #

CR2E 103 (9/99)