

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0019157 MB

**DOCUMENT # B98000000370**



**FILED**  
03 APR 23 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name <b>THE PRIME OUTLETS AT VERO BEACH LIMITED PARTNERS HIP</b>	
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



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

**DUE BY MAY 1, 2003**

4. FEI Number <b>52-2096388</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WILLIAM J. MANN**  
**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$89,821.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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	
DOCUMENT #	<b>B95000000091</b>
NAME	<b>PRIME RETAIL, L.P.</b>
STREET ADDRESS	<b>100 EAST PRATT STREET, 19TH FLOOR</b>
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>
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	<b>900015437289</b>
STREET ADDRESS	<b>04/07/03--01075--012 **150.00</b>
CITY-ST-ZIP	
STREET ADDRESS	<i>RAC</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>900015437289</b>
STREET ADDRESS	<b>04/23/03--01016--029 **376.25</b>
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:** *SIGNATURE REQUIRED* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**  
**R. Kelvin Antill**  
 Executive Vice President -  
 General Counsel & Secretary **4/4/03** (410) 234-0782  
 Date Daytime Phone #

CR2E003 (10/02)