

2001 UNIFORM BUSINESS REPORT (UBR)

0018835 AB

DOCUMENT # A06593

1. Entity Name
DEVELOPERS DIVERSIFIED, LTD

FILED

01 MAR 21 PM 12:57

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**34555 CHAGRIN BOULEVARD
MORELAND HILLS OH 44022**

Mailing Address
**34555 CHAGRIN BOULEVARD
MORELAND HILLS OH 44022**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
34555 Chagrin Blvd.
Suite, Apt. #, etc.

City & State
Moreland Hills OH

City & State
Moreland Hills OH

Zip
44022

Country
US

4. FEI Number
34-1154906

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 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$950.00**

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 #	
NAME	WOLSTEIN, BERT L
STREET ADDRESS	34555 CHAGRIN BLVD.
CITY-ST-ZIP	MORELAND OH
DOCUMENT #	
NAME	
STREET ADDRESS	
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: **X** **SIGNATURE REQUIRED** **3/15/01** **4140-247-1711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)