


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jun 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A06593 1. Entity Name DEVELOPERS DIVERSIFIED, LTD					
Principal Place of Business 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022			Mailing Address 34555 CHAGRIN BLVD. MORELAND HILLS, OH 44022		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc		Suite, Apt. # etc			
City & State		City & State		05142004 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 34-1154906	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				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 _____					
9. Capital Contributions as Shown on record \$950.00			10. Amount of Capital Contributions in FLORIDA to date		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 141.25
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			STREET ADDRESS	
NAME	WOLSTEIN, BERT L			CITY- ST- ZIP	
STREET ADDRESS	34555 CHAGRIN BLVD.			U00000162590	
CITY- ST- ZIP	MORELAND, OH			06/16/04-80001-014 141.25	
DOCUMENT #	NAME			STREET ADDRESS	
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CITY- ST- ZIP				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)(c), 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: <u>A. Mant</u>				6/11/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					



STAPLE CHECK HERE