

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 SEP -8 AM 9:35



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

Zip

Country

Zip

Country

05042005 Chg-LP CR2E003 (10/03)

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

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

DATE

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

10. Amount of Capital Contributions in FLORIDA to date.

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
 CITY - ST - ZIP

WOLSTEIN, BERT L
 34555 CHAGRIN BLVD.
 MORELAND, OH

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: _____

A m
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

9/5/05
Date

Daytime Phone #

STAPLE CHECK HERE