STAPLE CHECK HERE

Due By May 1, 2007							
DOCUMENT # A06593 1. Entity Name DEVELOPERS DIVERSIFIED, LTD					OTAPPILED		
					SECRET PM 3: 26		
Principal Place of Business 34555 CHAGRIN BOULEVARD MORELAND HILLS, OH 44022		Mailing Address 34555 CHAGRIN BLVD. MORELAND HILLS, OH 44022		-	OT APR 18 PM 3: 26 TALLAHASSEE. FLORIDA.	II 818/18/1 81 /88/	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		· · · · · · · · · · · · · · · · · · ·			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04062007 Chg-LP CR2E003 (12/	06)	
City & State		City & State			4. FEI Number 34-1154906	Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Fee Req	Additional julred	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION, FL 33324							
				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 SIGNATURE							
SIGNATURE Signature of registering agent and title if applicable. OATE							
FILE NOW!!! FEE IS \$500.00 BK After May 1, 2007, Fee will be \$900.00							
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.	3. ADDRESS CHANGES ONLY			
DOCUMENT # NAME	WOLSTEIN, BERT L		STRE	EET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	34555 CHAGRIN BLVD. MORELAND, OH		СЛҮ	-ST-ZIP			
DOCUMENT # NAME			STRE	EET ADDRESS	500098314746 04/24/0701053028 **5	5 00.00	
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DOCUMENT / NAME			STRE	EET ADDRESS			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4/9/07 440/247-0810 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Daylime Proce #							