


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -8 AM 9:35

<b>DOCUMENT # A06593</b> 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	4. FEI Number 34-1154906	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$950.00		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	09/29/05--01070--001 **541.25	
NAME	WOLSTEIN, BERT L		CITY - ST - ZIP	3000600000010	
STREET ADDRESS	34555 CHAGRIN BLVD.		CITY - ST - ZIP	09/29/05--01070--001 **541.25	
CITY - ST - ZIP	MORELAND, OH				
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NAME			CITY - ST - ZIP		
STREET ADDRESS			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)(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: _____			9/5/05 Date Daytime Phone #		

STAPLE CHECK HERE