2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Apr 19, 2006 08:00 AM Secretary of State **DOCUMENT # A06593** DEVELOPERS DIVERSIFIED, LTD Principal Place of Business Mailing Address 34555 CHAGRIN BOULEVARD 34555 CHAGRIN BLVD. MORELAND HILLS, OH 44022 MORELAND HILLS, OH 44022 04132006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-1154906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME WOLSTEIN, BERT L STRELT ADDRESS 34555 CHAGRIN BLVD. CHY-SI-ZP MORELAND, OH DOCUMENT # U00000518544 MAME 05/02/06-80016-001 500.00 STREET ADDRESS CITY-ST-ZIP DOCUMENT ! NAME

NAME STREET ACORESS CITY - ST - ZIP DOCUMENT # NAME

14. I hereby certify that the information supplied with this filling 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 amprivers to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE

STREET ADDRESS City-St-Zit

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DO NOT WRITE

IN THIS SPACE

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