

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

FILED

08 AUG -6 AM 9:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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



07172008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
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

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

DATE

FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

DOCUMENT # F07000002090
NAME B & I OHIO CORPORATION
STREET ADDRESS 34555 CHAGRIN BLVD.
CITY-ST-ZIP MORELAND, OH

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

200134356212
08/12/08--01008--008 **500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

July 22, 2008 440-247-5400

Date

Daytime Phone #

STAPLE CHECK HERE