

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV -9 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
**1a. DOCUMENT #
B94000000145**

RED ROAD RETAIL LIMITED PARTNERSHIP

| | |
|--|--|
| Mailing Address 14600 DETROIT AVENUE, SUITE 1500 LAKEWOOD OH 44107 | Principal Office Address 222 DELAWARE AVE. WILMINGTON DE 19899 |
| 2. Mailing Address | 2a. Principal Office Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

| | |
|---|--|
| 3. Date Formed or Registered 04/15/1994 | 5a. Capital Contributions as Shown on record. \$999.00 |
| 3a. Date of Last Report 09/22/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: \$999.00 |
| 4. State or Country of Formation DE | 6. FEI Number 34-1764198 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 8. Make check payable to: Dept. of State (See reverse side for fee information) |

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|---|---|-----------------------------|------------------------------------|
| ZAREMBA RED ROAD COMPANY | 14600 DETROIT AVE., S | LAKEWOOD OH 44107 | F94000001962 |
| <p>100002686311--7 -11/12/98--01104--012 ****141.25 ****141.25</p> <p>NOV 12 1998</p> <p>AL NOV 16 1998</p> | | | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE WALTER ZAREMBA DATE 10-28-98

Typed or Printed Name of General Partner Signing Form WALTER ZAREMBA, PRES Daytime Telephone Number 216-221-6600

ZAREMBA RED ROAD CO

CR2E003 (8/98)