

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B94000000145

1. Entity Name
RED ROAD RETAIL LIMITED PARTNERSHIP



Principal Place of Business
**222 DELAWARE AVE.
WILMINGTON, DE 19899**

Mailing Address
**14600 DETROIT AVENUE, SUITE 1500
LAKEWOOD, OH 44107**

FILED

04 MAY 18 PM 1:34

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102004

Chg-LP

CR2E003 (10/03)

5/18

City & State

City & State

4. FEI Number

34-1764198

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

DATE

9. Capital Contributions
as Shown on record.

\$999.00

10. Amount of Capital Contributions
in FLORIDA to date.

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. ADDRESS CHANGES ONLY

DOCUMENT # **F94000001962**
NAME **ZAREMBA RED ROAD COMPANY**
STREET ADDRESS **14600 DETROIT AVE., SUITE 1500**
CITY-ST-ZIP **LAKEWOOD, OH 44107**

STREET ADDRESS

CITY-ST-ZIP

900036936384

05/19/04--01058--007 **541.25

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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:

Barbara VonBenken
Secretary

5/12/14

216-221-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE