
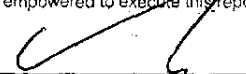


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 06, 2005 08:00 AM
Secretary of State**

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. # etc.	
City & State		City & State	
Zip	Country	Zip	Country
01262005		Chg-LP CR2E003 (10/03)	
4. FEI Number 34-1764198		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH 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 _____	
Signature, typed or printed name of registered agent and title if applicable			
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	STREET ADDRESS	
NAME	ZAREMBA RED ROAD COMPANY	CITY-ST-ZIP	
STREET ADDRESS	14600 DETROIT AVE., SUITE 1500		
CITY-ST-ZIP	LAKEWOOD, OH 44107		
DOCUMENT #		STREET ADDRESS	000000363967
NAME		CITY-ST-ZIP	05/06/05-80021-019 141 25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
14. I hereby certify that the information supplied with this form 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: 		4-27-05 216/221-6600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	
Barbara VonBenken Secretary			

STAPLE CHECK HERE