


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		01262005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 34-1764198	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable	
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		
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STREET ADDRESS					
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: _____			4-27-05 216/221-6600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
Barbara VonBenken					
Secretary					

STAPLE CHECK HERE