Due By May 1, 2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

May 02, 2006 08:00 AN Secretary of State **DOCUMENT #B94000000145** RED ROAD RETAIL LIMITED PARTNERSHIP Principal Place of Business Mailing Address U00000557814 05/17/06-80065-004 500.00 222 DELAWARE AVE. 14600 DETROIT AVENUE, SUITE 1500 WILMINGTON, DE 19899 LAKEWOOD, OH 44107 . Alekson Problems 04262006 No Cha-LP CR2E003 (11/05) 4. FEI Number Applied For 34-1764198 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. The property of the control of the c F94000001962 DOCUMENT # NAME ZAREMBA RED ROAD COMPANY STREET ADDRESS 14600 DETROIT AVE., SUITE 1500 CITY-ST-ZIP LAKEWOOD, OH 44107 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS 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 eath; 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 06 SIGNATURE:

FILED

Daytime Phone #