

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
May 03, 2007 08:00 AM
Secretary of State**

DOCUMENT # B9400000145
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**

DO NOT WRITE IN THIS SPACE



04182007 No Chg-LP CR2E003 (12/06)

4. FEI Number 34-1764198	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F94000001962 ZAREMBA RED ROAD COMPANY 14600 DETROIT AVE., SUITE 1500 LAKEWOOD, OH 44107
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IN THIS SPACE**

U00000760409
05/25/07-80009-025 500.00

~~U00000741879
05/15/07-80049-006 150.00~~

STAPLE CHECK HERE

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 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: *R. S. [Signature]* **DATE:** 4/27/07 **Daytime Phone #** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER