


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A04000000771		
1. Entity Name ZP NO. 149, LIMITED PARTNERSHIP		

Principal Place of Business 111 PRINCESS STREET WILMINGTON, NC 28401	Mailing Address 111 PRINCESS STREET WILMINGTON, NC 28401
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		PO Box 2628	
City & State		City & State Wilmington, NC	
Zip	Country	Zip	Country
		28402	



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number 84-1647293	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 date if applicable.

9. Capital Contributions as Shown on record. \$990.00	10. Amount of Capital Contributions in FLORIDA to date. \$990.00
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P04000074330 ZP NO. 149 MEMBER, INC. 111 PRINCESS STREET WILMINGTON, NC 28401	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

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04/30/05-80099-005 141.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
ZP NO. 149 MEMBER, INC.

SIGNATURE: BY: JEFFREY L. ZIMMER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
JEFFREY L. ZIMMER, PRESIDENT

4/18/05 910/763-4669
Date Daytime Phone #

STAPLE CHECK HERE