

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB 10 AM 10:40

DOCUMENT # A04000000894

1. Entity Name  
ZP NO. 154, LIMITED PARTNERSHIP



Principal Place of Business  
111 PRINCESS STREET  
WILMINGTON, NC 28401

Mailing Address  
P.O. BOX 2628  
WILMINGTON, NC 28402

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01062005 Chg-LP CR2E003 (10/03)

4. FEI Number 76-0761160 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$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

7. Name and Address of New Registered Agent

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. \$990.00 10. Amount of Capital Contributions in FLORIDA to date. \$990.00

**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 # P04000084930  
NAME ZP NO. 154 MEMBER, INC.  
STREET ADDRESS 111 PRINCESS STREET  
CITY-ST-ZIP WILMINGTON, NC 28401

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP

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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: BY: \_\_\_\_\_ 02/08/05 910/763-4669

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JEFFREY L. ZIMMER, PRESIDENT

Date Daytime Phone #

STAPLE CHECK HERE