

A040000000896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

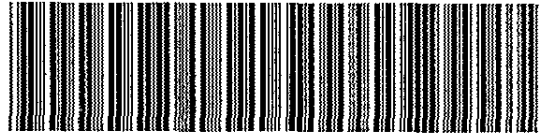
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/04--01053--006 **157.50

APPROPRIATE
FILE
04 MAY 21 PM 1:54
STATE OF CALIFORNIA
SACRAMENTO

LB
6-2-04

ZIMMER AND ZIMMER, L.L.P.
ATTORNEYS AT LAW
111 PRINCESS STREET
WILMINGTON, NORTH CAROLINA 28401-3997
TELEPHONE (910) 763-4669
TELECOPIER (910) 762-1999

HERBERT J. ZIMMER
JEFFREY L. ZIMMER (RETIRED)

MAILING ADDRESS
POST OFFICE BOX 2628
WILMINGTON, NORTH CAROLINA 28402

May 19, 2004

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

RE: ZP NO. 155 MEMBER, INC.
ZP NO. 155, LIMITED PARTNERSHIP

Dear Sir:

Please find enclosed herewith the following items in connection with the above-referenced entities:

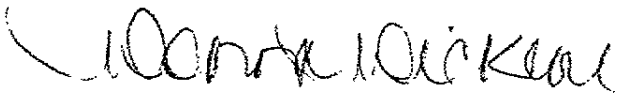
1. Duplicate original Articles of Incorporation for ZP NO. 155 Member, Inc.;
2. Duplicate original Certificate of Limited Partnership for ZP NO. 155, Limited Partnership; and
3. Check in the amount of \$157.50.

I would greatly appreciate your filing the Articles of Incorporation first, then filing the Certificate of Limited Partnership. Thereafter, please return a filed stamped copy of the document to me indicating the date and time of filing, as well as a receipt for the filing fee paid.

Thank you very much for your assistance in connection with this matter.

Sincerely,

ZIMMER AND ZIMMER, L.L.P.


Donna L. Dickens
Assistant to Herbert J. Zimmer

/dl
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF LIMITED PARTNERSHIP

1. ZP NO. 155. LIMITED PARTNERSHIP
(Name of Limited Partnership must contain a suffix such as "Limited", "Ltd.", or "Limited Partnership")
2. 111 Princess Street, Wilmington, North Carolina 28401
(Business address of Limited Partnership)
3. CT Corporation System
(Name of Registered Agent for Service of Process)
4. 1200 South Pine Island Road, Plantation, Florida 33324
(Florida street address for Registered Agent) MARY R. ADAMS
ASSISTANT SECRETARY
5. 
(Registered Agent must sign here to accept designation as Registered Agent for Service of Process)
6. Post Office Box 2628, Wilmington, North Carolina 28402
(Mailing Address of the Limited Partnership)
7. The latest date upon which the Limited Partnership is to be dissolved is: 12/30/2099
8. Name(s) of general partner(s): _____ Street address: _____
ZP NO. 155 MEMBER, INC. 111 Princess Street, Wilmington, NC 28401
904-86115

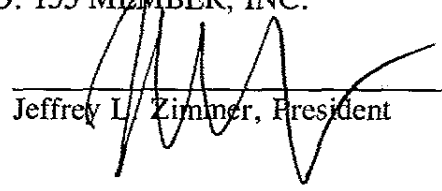
Under penalties of perjury, I (we) declare that I (we) have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

Signed this 19th day of May, 2004.

Signature of all general partners:

ZP NO. 155 MEMBER, INC.

By:


Jeffrey L. Zimmer, President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR FLORIDA LIMITED PARTNERSHIP

*The undersigned, constituting all of the general partners of ZP NO. 155, Limited Partnership,
a Florida limited partnership, certify:*

The amount of capital contributions to date of the limited partners is \$990.00.

The total amount contributed and anticipated to be contributed by the limited partners at this time
totals \$990.00.

Signed this 19th day of May, 2004.

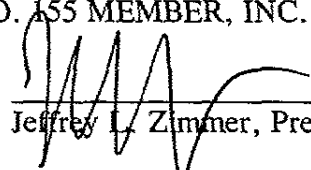
FURTHER AFFIANT SAYETH NOT:

*Under the penalties of perjury I (we) declare that I (we) have read the foregoing and know the
contents thereof and that the facts stated herein are true and correct.*

GENERAL PARTNER:

ZP NO. 155 MEMBER, INC.

BY:


Jeffrey L. Zimmer, President

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
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