

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 APR -7 AM 9:13

<b>DOCUMENT # A05000000786</b> 1. Entity Name ZP NO. 160, LIMITED PARTNERSHIP					
Principal Place of Business 111 PRINCESS STREET WILMINGTON, NC 28401			Mailing Address POST OFFICE 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	4. FEI Number 20-2724953	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM				Name	
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION, FL 33324				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P05000048075		STREET ADDRESS		
NAME	ZP NO. 160 MEMBER, INC.		CITY-ST-ZIP		
STREET ADDRESS	111 PRINCESS STREET				
CITY-ST-ZIP	WILMINGTON, NC 28401				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
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 BY: ZP NO. 160 MEMBER, INC.					
SIGNATURE: _____			4/4/06 910/763-4669 <small>Date Daytime Phone #</small>		
BY: Jeffrey L. Zimmer, President					

STAPLE CHECK HERE

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