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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ZP NO. 160, Limited Partnership
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Donna L. Dickens
(Contact Person)

ZIMMER AND ZIMMER, L.L.P.
(Firm/Company)

Post Office Box 2628
(Address)

Wilmington, NC 28402
(City, State and Zip Code)

For further information concerning this matter, please call:

Donna Dickens at (910) 763-4669 x 204
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

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and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
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Certificate of Status |
|--|---|--|---|

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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2008 DEC 12 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF TERMINATION
FOR**

ZP NO. 160, Limited Partnership

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 04/18/2005, hereby submits this Statement of Termination.

The limited partnership or limited liability limited partnership has completed winding up its affairs and wishes to file a statement of termination.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

ZP NO. 160 Member, Inc., its sole General Partner

By: Jeffrey W. Zimmer, President

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$52.50
Certified Copy (optional): \$52.50
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