

2001 UNIFORM BUSINESS REPORT (UBR)

A98000001186

DOCUMENT # A98000001186

1. Entity Name
ZP NO. 52, 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
111 Princess Street
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 2628
Suite, Apt. #, etc.

City & State
Wilmington, NC

City & State
Wilmington, NC

4. FEI Number
56-2085021

Applied For
Not Applicable

Zip
28401

Country
USA

Zip
28402

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CT 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$990.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000041663	STREET ADDRESS	
NAME	ZP NO. 52 MEMBER, INC.	CITY-ST-ZIP	
STREET ADDRESS	111 Princess Street		
CITY-ST-ZIP	Wilmington, North Carolina 28401		
DOCUMENT #		STREET ADDRESS	BK
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	7000004274357-8
NAME		CITY-ST-ZIP	-05/21/01--01153--006
STREET ADDRESS			****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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 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.

BY: ZP NO. 52 Member, Inc., its sole General Partner

SIGNATURE: _____
HERBERT J. ZIMMER, Secretary

Date 04/30/01 Daytime Phone # 910/763-4669

CR2E003 (11/00)