

2001 UNIFORM BUSINESS FILING (FBR)

DOCUMENT # A98000001187

1. Entity Name
ZP NO. 53, 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

Zip
28401

Country
USA

Zip
28402

Country
USA

4. FEI Number
56-2085018

Applied For
Not Applicable

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

DOCUMENT # P98000042516
NAME ZP NO. 53 MEMBER, INC.
STREET ADDRESS 111 Princess Street
CITY-ST-ZIP Wilmington, North Carolina 28401

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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. 53 MEMBER, INC., its sole General Partner

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
HERBERT J. ZIMMER, Secretary

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

FILED
01 MAY -1 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)