




FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR -1 AM 8:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership  ZP NO. 80, LIMITED PARTNERSHIP		1a. DOCUMENT # A98000002646			
Mailing Address 111 PRINCESS STREET WILMINGTON NC 28401		Principal Office Address 111 PRINCESS STREET WILMINGTON NC 28401		3. Date Formed or Registered 12/01/1998	
2. Mailing Address Post Office Box 2628 Suite, Apt. #, etc. Wilmington, NC City & State 28402 USA Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report  4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record \$990.00	
				5b. Amount of Capital Contributions in FLORIDA to date	
				6. FEI Number 56-2113090 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) ZP NO. 80 MEMBER, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 111 PRINCESS STREET		11b. City, State & Zip Code WILMINGTON NC 28401	
				11c. Registration/ Document Number P98000097711	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
BY: ZP NO. 80, LIMITED PARTNERSHIP SIGNATURE BY:  sole General Partner Typed or Printed Name of General Partner Signing Form: Jeffrey L. Zimmer, President					
DATE 2/16/99 Daytime Telephone Number (910) 763-4669					

CR2E003 (12/98)