2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Feb 06, 2004 08:00 AM Secretary of State

DOCUMENT # A99000001 1. Entily Name ZP NO. 105, LIMITED PARTNERSH			Secretary of State
Principal Place of Business	Mailing Address		
111 PRINCESS STREET WILMINGTON, NC 28401	P.O. BOX 2628 WILMINGTON, NC 28402		
2. Principal Place of Business	3. Mailing Address		
Suite, Apt #, etc	Suite, Apt #, etc.		01142004 Chg-LP CR2E003 (10/03)
Cily & State	City & State		4. FEI Number Applied For 56-2165177 Not Applied For
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM		Name	
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Street Address	(P.O. Box Number is Not Acceptable)
•		City	FL Zip Code
The above named antity submits this statement f	or the purpose of changing its re-	gretared office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent	or the britishes of changing its ref	gistered office of registe	and agont, or boar, in the order of the task. The manner than and all the
SIGNATURE Signature, typed or printed name of registered agen	t and title if applicable.		DATE
Capital Contributions as Shown on record. \$990.00	19. Amount of Capital C in FLORIDA to date		990.00
A GENERAL PARTNER	THAT IS A BUSINESS ENTI	TY MUST BE REGIS	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.
12. GENERAL PARTNE		13.	ADDRESS CHANGES ONLY
DOCUMENT # P99000094674 NAME ZP NO. 105 MEMBER, INC.		STREET ADDRESS	
STREET ADDRESS 1111 PRINCESS STREET CITY ST ZIP WILMINGTON, NC 28401	•	CITY+51 · ZIP	<u> </u>
DOCUMENT # NAME		STREET ADDRESS	02/28/04-80032-004 141.25
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STREET ADDRESS CITY-ST-ZIP		CITY-SI-ZIP	
14. Thereby certify that the information supplied windicated on this report is true and accurate and the receiver or trustee empowered to execute to ZP NO. 1054.	th this filing does not qualify for the that my signature shall have the his feport as required by Shapter TMBER INC.	ne exemption stated in S e same legal effect as if r 620, Florida Statutes	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership
SIGNATURE:		DA STONE	02/02/2004 910/763-4669
BY: Jeffrey	phinted name designing general L. Linguer. Pres	ident	Date Caytime Fhons #