2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Apr 06, 2006 08:00 AM Secretary of State

| DOCUMENT | #A99000001 | 767 |
|---------------|------------|-----|
| 1 Entity Name | | |

ZP NO. 105, LIMITED PARTNERSHIP

Principal Place of Business

111 PRINCESS STREET WILMINGTON, NC 28401 Mailing Address P.O. BOX 2628

WILMINGTON, NC 28402



DO NOT WRITE IN THIS SPACE

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|--------|-----------|---------------|

4. FEI Number Applied For 56-2165177 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

| | | | |
|---|---|---|--|
| | 6. Name and Address of Current Registered Agent | | |
| 1200 SOU | ORATION SYSTEM TH PINE ISLAND ROAD ION, FL 33324 | DO NOT WRITE IN THIS SPACE | |
| 8. The above the obligat | named entity submits this statement for the purpose of changing its regi- tions of registered agent. | stered office or registered agent, or both, in the State of Florida. I am tamillar with, and accept | |
| SIGNATURE | Signature, typed or printed name of registered agent and title It applicable | DATE | |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | |
| 12. | GENERAL PARTNER INFORMATION | | |
| DOCUMENT # | P99000094674 | | |
| NAME | ZP NO. 105 MEMBER, INC. | | |
| STREET ADDRESS | 111 PRINCESS STREET | | |
| CITY-ST-ZIP | WILMINGTON, NC 28401 | U00000494831 | |
| DOCUMENT # | | 04/20/06-80061-009 500.d | |
| NAME | | | |
| STREET ADDRESS | | } | |
| CITY-ST-ZIP | | } | |
| DOCUMENT ! | | | |
| NAME | 1 | { | |
| STREET ADDRESS | | DO NOT WRITE | |
| Chry-St-Zip | | { | |
| DOCUMENT # | | IN THIS SPACE | |
| NAME | | | |
| STREET ACORESS | | } | |
| GITY-ST-ZIP | | } | |

14. I hereby certify that the information supplied with this filting does not qualify for the exemptions contained in Chapter 119. 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: MEMBER, INC.

SIGNATURE:

STAPLE CHECK HERE

DOCUMENT # MARKE STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

ITED NAME OF SIGNING GENERAL PARTNER

910/763-4669

By: Zimmer, President