2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME DI

JEFFREY L. ZIMMER PRESIDENT

FILED Feb 10, 2005 8:00 am Secretary of State

DOCUMENT # P0400084930 1. Entity Name ZP NO. 154 MEMBER, INC.					02-10-2005 90060 035 ***150.00					
Principal Plac	e of Business	Mailing Address	Mailing Address							
111 PRINCESS STREET WILMINGTON, NC 28401		111 PRINCESS STREET WILMINGTON, NC 28401			50013545					
	•	1			 	ini kirn seni selik sen	ı Bala t izin biri	HUITE NIN EU	MERI II 1881	
2. Principal Place of Business		3. Mailing Address PO Box 2628								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State Wilmington, NC			4. FEI Number 87-	0728053			plied For t Applicable	
Zip	Country	Zip - 28402-	O2- Count USA		5. Certificate o	Status Desired	□ \$	8.75 Add	litional d	
	6. Name and Address of Current I				7. Name and Address of New Registered Agent					
C T COPP	ORATION SYSTEM	Name					1			
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
	•			City			FL	Zip Code	e	
R The above	pamed antity submits this statement for	the number of changing its		'		in the Other of Ele		Ι '		
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent argusture required when reinstating) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution.										
10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/C	HANGES TO OFFI	ICERS AND (DIRECTOR	S IN 11	
TITLE NAME	PD ZIMMER, JEFFREY L	☐ Delete	TITLE	•			l	Change	☐ Addition	
STREET ADDRESS	PO BOX 2628		NAM STRE	ET ADDRESS						
CITY-ST-ZIP	WILMINGTON, NC 28402			-ST-ZIP						
TITLE	VTD Delete 11		TITLE			· · · · · · · · · · · · · · · · · · ·		Change	Addition	
NAME			NAM							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP						
TITLE	0.0		TITLE				-	Change	☐ Addition	
NAME	ZIMMER, HERBERT J	LL Delete	NAM	•				Change .	Addition	
STREET ADDRESS	PO BOX 2628		4	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
title Name	D MOSKOWITZ, CAROLYN F	☐ Delete	TITLE	•			Į	Change	☐ Addition	
STREET ADDRESS	2107 ASCOTT PLACE		NAM STRE	ET ADDRESS						
CITY-ST-ZIP	WILMINGTON, NC 28403			-St-ZiP		•				
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME .			NAM	E				- •		
STREET ADDRESS CITY-ST-ZIP			9	ET ADDRESS - ST-ZIP						
TITLE		☐ Delete	TITLE					T Change	Addition	
NAME		CT Delete	NAM	•				Change	☐ Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate angulating my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										

02/08/05

910/763-4669

Daytime Phone #