


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P98000042521 1. Entity Name ZP NO. 54 MEMBER, INC. |  |
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| Principal Place of Business 111 PRINCESS ST WILMINGTON, NC 28401 | Mailing Address PO BOX 2628 WILMINGTON, NC 28402 |
|--|--|

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

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|---|-----------------------------------|
| 4. FEI Number 56-2086079 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD ZIMMER, JEFFREY L 111 PRINCESS ST WILMINGTON, NC 28401 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VTD ZIMMER, ALAN M 111 PRINCESS ST WILMINGTON, NC 28401 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD ZIMMER, HERBERT J 111 PRINCESS ST WILMINGTON, NC 28401 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MOSKOWITZ, CAROLYN F 2107 ASCOTT PLACE WILMINGTON, NC 28403 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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04/20/05-80086-005 150.00

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12. 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 or supplemental report is true and accurate and that 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.

SIGNATURE: JEFFREY L. ZIMMER, PRESIDENT **4/18/05** **910/763-4669**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #