


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P04000086115
 1. Entity Name
 ZP NO. 155 MEMBER, INC.



Principal Place of Business 111 PRINCESS STREET WILMINGTON, NC 28401	Mailing Address PO BOX 2628 WILMINGTON, NC 28402
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01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 87-0728086	Applied For Not Applicable
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5. Certificate of Status Desired \$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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZIMMER, JEFFREY L PO BOX 2628 WILMINGTON, NC 28402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ZIMMER, ALAN M PO BOX 2628 WILMINGTON, NC 28402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO ZIMMER, HERBERT J PO BOX 2628 WILMINGTON, NC 28402
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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 04/20/06-80042-007 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 By: Jeffrey L. Zimmer, President 910/763-4669
Daytime Phone #