

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000471

1. Entity Name
ZELSON INVESTMENTS LIMITED PARTNERSHIP

Principal Place of Business **Mailing Address**
067 N. Mason Rd, Ste 3 1067 N. Mason Rd, Ste 3
t. Louis, MO 63141 St. Louis, MO 63141

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CO APR 10 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business **3. Mailing Address**
544 Woodlake Drive 1544 Woodlake Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Chesterfield, MO Chesterfield, MO

Zip **Country** **Zip** **Country**
63017 USA 63017 USA

DO NOT WRITE IN THIS SPACE

4. FEI Number **Applied For**
43-1870179 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

Atrium Registered Agents
1500 San Remo Avenue
Suite 125
Coral Gables, FL 33146

Name: _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** **Zip Code** _____

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.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) _____ DATE

9. Capital Contributions as Shown on record. **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

321,000 321,000

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		13. ADDRESS CHANGES ONLY	
STREET ADDRESS	B99000000471 Joseph A. Zelson, 44 Morwood Lane St. Louis, MO 63141	STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS	B99000000471 Gloria Zelson 44 Morwood Lane St. Louis, MO 63141	STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	100003223591--2 -04/25/00--01093--008 ****526.25 ****526.25
ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
ST-ZIP		CITY-ST-ZIP	

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 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

SIGNATURE:  _____ **3-22-00 (314) 878-1544**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)