


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # B99000000471

1. Entity Name
ZELSON INVESTMENTS LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
1544 WOODLAKE DRIVE **1544 WOODLAKE DRIVE**
CHESTERFIELD, MO 63017 **CHESTERFIELD, MO 63017**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite Apt. #, etc.

City & State City & State

Zip Country Zip Country



01292004 Chg-LP CR2E003 (10/03)

4. FCI 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

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph A. Zelson* DATE 3-25-04

9. Capital Contributions as Shown on record. \$321,000.00 10. Amount of Capital Contributions in FLORIDA to date. 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

DOCUMENT #	NAME	STREET ADDRESS	CITY ST ZIP	STREET ADDRESS	CITY ST ZIP
	ZELSON, JOSEPH A	44 MORWOOD LANE	ST. LOUIS, MO 63141		
	ZELSON, GLORIA	44 MORWOOD LANE	ST. LOUIS, MO 63141		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joseph A. Zelson* DATE: 3-25-04 (314) 878-1574

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

STAPLE CHECK HERE