

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # B99000000471
1. Entity Name
ZELSON INVESTMENTS LIMITED PARTNERSHIP



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

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.
City & State
Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent
**ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146**

4. FEI Number: **43-1870179**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

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: **4-19-05**

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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

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

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14. 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: *Joseph A. Zelson* DATE: **4-19-05** (314) 878-1542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #