## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2006 May 02, 2006 08:00 AN Secretary of State DOCUMENT #B99000000471 ZELSON INVESTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address 1544 WOODLAKE DRIVE 1544 WOODLAKE DRIVE CHESTERFIELD, MO 63017 CHESTERFIELD, MO 63017 02272006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 43-1870179 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. DO NOT WRITE 1500 SAN REMO AVE., STE. 125 CORAL GABLES, FL 33146 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. DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE 18 \$500.00 After May 1, 2006, Fee will be \$900.00 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 BOCHMENT# NAME ZELSON, JOSEPH A STREET ADDRESS 44 MORWOOD LANE CITY-ST-ZIP ST. LOUIS, MO 63141 DOCUMENT # MAME ZELSON, GLORIA STREET ADDRESS 44 MORWOOD LANE U00000558764 CITY-ST-719 ST. LOUIS, MO 63141 05/17/06-80111-006 500.00 DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS STAPLE CHECK HERE CITY-ST-ZIP DOCUMENT #

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT# NAME STREET ADDRESS CITY-ST-ZIP

> AND TYPED OR PRINT ME OF SIGNING GENERAL PARTNER