


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 13, 2007 08:00 A  
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**

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-LP CR2E003 (12/06)

4. FEI Number  
**43-1870179**

Applied For  
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**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ZELSON, JOSEPH A 44 MORWOOD LANE ST. LOUIS, MO 63141</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>ZELSON, GLORIA 44 MORWOOD LANE ST. LOUIS, MO 63141</b>
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IN THIS SPACE**

U00000706173  
04/24/07-80024-005 500.00

STAPLE CHECK HERE

14. 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 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* **4/5/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #