

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 31, 2008 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
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**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-LP CR2E003 (12/06)

4. FEI Number 43-1870179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

U00000875756  
 04/11/08-80046-005 500.00  
DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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	ZELSON, JOSEPH A
STREET ADDRESS	44 MORWOOD LANE
CITY-ST-ZIP	ST. LOUIS, MO 63141
DOCUMENT #	
NAME	ZELSON, GLORIA
STREET ADDRESS	44 MORWOOD LANE
CITY-ST-ZIP	ST. LOUIS, MO 63141
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 **Joseph A. Zelson** 3/18/08 (314) 878-1544

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