

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B99000000471

1. Entity Name
ZELSON INVESTMENTS LIMITED PARTNERSHIP



FILED
03 APR -8 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1544 WOODLAKE DRIVE
CHESTERFIELD MO 63017**

Mailing Address
**1544 WOODLAKE DRIVE
CHESTERFIELD MO 63017**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **43-1870179**

Applied For
 Not Applicable

Zip Country

Zip Country

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 **4-2-03**

Signature typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$321,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **321,000**

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	ZELSON, JOSEPH A 44 MORWOOD LANE ST. LOUIS MO 63141
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	ZELSON, GLORIA 44 MORWOOD LANE ST. LOUIS MO 63141
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000015490620
STREET ADDRESS	04/08/03--01038--006 **526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E003 (10/02)

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 **4-2-03** DAYTIME PHONE # **(314) 878-1544**

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