


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 04 FEB -3 PM 1:19
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJA


DOCUMENT # A02000000431

1. Entity Name
ARASCO HOLDINGS, LTD.



| | |
|--|--|
| Principal Place of Business 3001 CONIFER DRIVE FORT PIERCE, FL 34951 | Mailing Address 3001 CONIFER DRIVE FORT PIERCE, FL 34951 |
|--|--|

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



01302004 Chg-LP CR2E003 (10/03) 2/3

| | |
|--|--------------------------------|
| 4. FEI Number 01-0633966 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ESTEIN, LOTHAR
 5211 INTERNATIONAL DRIVE
 ORLANDO, FL 32819

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

| | |
|--|---|
| 9. Capital Contributions as Shown on record. \$990.00 | 10. Amount of Capital Contributions in FLORIDA to date. |
|--|---|

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 # NAME STREET ADDRESS CITY-ST-ZIP | P02000029930 ARASCO CORPORATION 3001 CONIFER DRIVE FORT PIERCE, FL 34951 | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | 700029076437 |
| | | CITY-ST-ZIP | 02/19/04--01024--020 ***150.00 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS | |
| | | CITY-ST-ZIP | |
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| | | CITY-ST-ZIP | |

STAPLE CHECK HERE

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:  **Claus Dieter Pietsch** 1/30/2004 (407) 354-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #