


**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Jan 23, 2006 08:00 AM
Secretary of State**

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**

DO NOT WRITE IN THIS SPACE



01152006 No Chg-LP CR2E003 (11/05)

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

6. Name and Address of Current Registered Agent
**ESTEIN, LOTHAR
5211 INTERNATIONAL DRIVE
ORLANDO, FL 32819**

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, 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

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000029930 ARASCO CORPORATION 3001 CONIFER DRIVE FORT PIERCE, FL 34951
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000398867
01/31/06-80015-008 508.75

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: *Claus D. Pietsch* CLAU D. PIETSCH, JAN 16, 2006 407-354-3307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #