


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

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000431**

1. Entity Name  
**ARASCO HOLDINGS, LTD.**



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



01292007 No Chg-LP CR2E003 (12/06)

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

**DO NOT WRITE IN THIS SPACE**

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, 2007, Fee will be \$900.00**

U00000616673  
 02/01/07 02:00:00 002 500.75

**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 #      | P02000029930          |
| NAME            | ARASCO CORPORATION    |
| STREET ADDRESS  | 3001 CONIFER DRIVE    |
| CITY - ST - ZIP | 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 |                       |

**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: Claus-Dieter Pietsch, **CLAUS-DIETER PIETSCH**, JAN 29, 2007 1-772-466 1358  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #