


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 FEB -8 AM 10:44

DOCUMENT # A03000001253	
1. Entity Name ARX EXECUTIVE HOLDINGS, LLLP	

Principal Place of Business 1325 SNELL ISLE BLVD. #211 ST PETERSBURG, FL 33704	Mailing Address 1325 SNELL ISLE BLVD. #211 ST PETERSBURG, FL 33704
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2. Principal Place of Business 805 Executive Center Dr. W Suite, Apt. #, etc. Suite 300 City & State St. Petersburg, FL Zip 33702 Country USA	3. Mailing Address 805 Executive Center Dr. W Suite, Apt. #, etc. Suite 300 City & State St. Petersburg, FL Zip 33702 Country USA
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01232006 Chg-LP CR2E003 (11/05)

4. FEI Number 45-0527916	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	AUER, JOHN F 1325 SNELL ISLE BLVD. #211 ST PETERSBURG, FL 33704	STREET ADDRESS CITY-ST-ZIP	805 Executive Center Dr. W, Suite 300 St. Petersburg, FL 33702
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: _____ DATE: 01-26-2006 DAYTIME PHONE: 727-821-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE