the obligations of registered agent.

STAPLE CHECK HERE

FILED 0, 2007 08:00 AN cretary of State

Applied For Not Applicable

\$8.75 Additional Fee Required

, Due	Jan (2007		
DOCUMENT # A9800 1. Entity Name ARELCO PARTNERSHIP, LT			1	_	etary (
Principal Place of Business 20621 ARTHUR CT LUTZ, FL 33558	Mailing Address 20621 ARTHUR CT LUTZ, FL 33558				
					
DO NOT W	RITE IN THIS SF	PACE	01042007 No Chg-LP 4. FEI Number 65-0875513	CR2	E003 (12/06)
					\$8.75 Ad Fee Require
6. Name and Address of	of Current Registered Agent				<u></u>
LUSSENDEN, BRIAN D 20621 ARTHUR CT LUTZ, FL 33558			DO NOT W IN THIS SP		

DO	NOT	WRITE
IN T	THIS	SPACE

the obligati	ons of registered agent.	U00000580333		
SIGNATURE -	Signature, typed or printed name of registered agent and title if applicable.	01/10/07-90042-015-500.00		
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	10		
		TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION			
DOCUMENT #	P98000075781			
HAME	LUSCO, INC.			
STREET ADDRESS	20621 ARTHUR CT			
CITY-ST-ZIP	LUTZ, FL 33558			
DOCUMENT /				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #				
NAME				
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CHY-SI-ZIP				
DOCUMENT #		. –		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
14. I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 620, Florida Statutes				

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