


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 AM 11:11

DOCUMENT # B04000000471
1. Entity Name
HAUCK ENTERPRISES, LTD.



Principal Place of Business: **342 TWIN CITY HIGHWAY
P.O. BOX 70
PORT NECHES TX 77651**
Mailing Address: **P.O. BOX 70
PORT NECHES TX 77651**



2. Principal Place of Business: **Port Neches TX**
Suite, Apt. #, etc.
3. Mailing Address: **P.O. Box 70**
Suite, Apt. #, etc.

988

1ST MOORE CR2E003 (10/04)

City & State: **Port Neches, TX**
Zip: **77651** Country: **USA**
City & State: **Port Neches, TX**
Zip: **77651** Country: **USA**

4. FEI Number: **760296592**
Applied For: Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AGENTS AND CORPORATIONS, INC.
773 4TH AVENUE NORTH, SUITE E
NAPLES FL 34102**

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

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record: **\$76,600.00**
10. Amount of Capital Contributions in FLORIDA to date: **76,600**

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 #	HAUCK, JAMES A JR
NAME	342 TWIN CITY HIGHWAY
STREET ADDRESS	PORT NECHES TX 77651
CITY-ST-ZIP	
DOCUMENT #	M04000004644
NAME	JH/JR ENTERPRISES L.L.C.
STREET ADDRESS	342 TWIN CITY HIGHWAY
CITY-ST-ZIP	PORT NECHES TX 77651
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	500056309885
CITY-ST-ZIP	06/18/05 01001 004 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: _____ **4/28/05 409-727-2227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #