


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

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B04000000471</b> 1. Entity Name <b>HAUCK ENTERPRISES, LTD.</b>	
--	---

<b>Principal Place of Business</b> 342 TWIN CITY HIGHWAY P.O. BOX 70 PORT NECHES, TX 77651	<b>Mailing Address</b> P.O. BOX 70 PORT NECHES, TX 77651
---	--



**DO NOT WRITE IN THIS SPACE**

02072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number <b>76-0296592</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

**6. Name and Address of Current Registered Agent**

AGENTS AND CORPORATIONS, INC.  
773 4TH AVENUE NORTH, SUITE E  
NAPLES, FL 34102

**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	HAUCK, JAMES A JR
STREET ADDRESS	342 TWIN CITY HIGHWAY
CITY-ST-ZIP	PORT NECHES, TX 77651
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	

**DO NOT WRITE  
IN THIS SPACE**

1100000436020  
02/27/06-80020-007 500.00

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 2/16/06 Daytime Phone # 404-727-2227

STAPLE CHECK HERE