


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

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

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
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DO NOT WRITE IN THIS SPACE

02072006 No Chg-LP CR2E003 (11/05)

4. FEI Number 76-0296592	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

**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 file 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 STREET ADDRESS CITY - ST - ZIP	HAUCK, JAMES A JR 342 TWIN CITY HIGHWAY PORT NECHES, TX 77651
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M04000004644 JH/JR ENTERPRISES L.L.C. 342 TWIN CITY HIGHWAY PORT NECHES, TX 77651
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11007010436020
02/27/06-80020-007 500.00

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: _____ **2/16/06 404-727-2227**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #