

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009733

FILED
Aug 04, 2005
Secretary of State

Entity Name: HUCK ENTERPRISES, L.C.

Current Principal Place of Business:

408/412 FARMERS MKT PL
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1821 SE ERWIN RD
PORT ST LUCIE, FL 34952

New Mailing Address:

826 CEDAR STREET
JACKSONVILLE, FL 32207

FEI Number: 65-1117450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HUCK, JEAN C
1821 SE ERWIN RD
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

HUCK, JAMES
13701 W. MIDWAY ROAD
FT. PIERCE, FL 34945 US

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.

SIGNATURE: JAMES HUCK

08/04/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HUCK, JEAN C
Address: 1821 SE ERWIN RD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HINTON, JUDY D
Address: 826 CEDAR STREET
City-St-Zip: JACKSONVILLE, FL 32207

Title: MGR () Change (X) Addition
Name: HUCK, JAMES
Address: 13701 W. MIDWAY ROAD
City-St-Zip: FT. PIERCE, FL 34945

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES HUCK

MGR

08/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date