

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000044700

1. Entity Name  
HOULTON PARTNERS, LLC



Principal Place of Business  
2916 CIRCLE RIDGE DR.  
ORANGE PARK, FL 32065

Mailing Address  
PO BOX 440504  
JACKSONVILLE, FL 32222



04282006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-2415812	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

STONEBURNER BERRY & SIMMONS, P.A.  
841 PRUDENTIAL DR, STE. 1400  
JACKSONVILLE, FL 32207

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GILPATRICK, GEORGE Y 2916 CIRCLE RIDGE DR. ORANGE PARK, FL 32065
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05/17/06-80128-009 50.00

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11. 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 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/06

Date

904 276 1020

Daytime Phone #