

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000058817**

1. Entity Name

HOUCK PROPERTIES, LLC



Principal Place of Business

4557 KNOLLWOOD LANE  
NICEVILLE, FL 32578

Mailing Address

4557 KNOLLWOOD LANE  
NICEVILLE, FL 32578



01032006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1485902

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHEYD, JOSEPH M JR.  
1221 AIRPORT ROAD, SUITE 209  
DESTIN, FL 32541

**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 MGR  
NAME HOUCK, WILLIAM J  
STREET ADDRESS 4557 KNOLLWOOD LANE  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE MGR  
NAME HOUCK, SUSAN M  
STREET ADDRESS 4557 KNOLLWOOD LANE  
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE MGR  
NAME HOUCK, WILLIAM M  
STREET ADDRESS 39 FAWN TRAIL  
CITY-ST-ZIP WEST SENECA, NY 14224

TITLE MGR  
NAME HOUCK, ANN L  
STREET ADDRESS 39 FAWN TRAIL  
CITY-ST-ZIP WEST SENECA, NY 14224

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000385792  
01/18/06-80031-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Susan M. Houck*

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

*Jan. 10, 06* *850-678-1411*

Date

Daytime Phone #

*Ch # 1041 - \$50.00*