2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000069455

1. Entity Name
HUSTON PROPERTIES, LLC



FILED Mar 02, 2006 08:00 Al Secretary of State

Principal Place of Business

P.O. BOX 941342 MAITLAND, FL 32794 Mailing Address

P.O. BOX 941342 MAITLAND, FL 32794



DO NOT WRITE IN THIS SPACE

02212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1672373

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MEIER, GREGORY W ESQ. SHUFFIELDLOWMAN 1000 LEGION PLACE, SUITE 1700 ORLANDO, FL 32801

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	named entity submits this statement for the purpose of cha ions of registered agent.	anging its registered office or registered agent, or both, in the S	late of Florida. I am famillar with, and a	ccept
SIGNATURE_				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi Di	lling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	HUSTON, JERI J			
STREET ADDRESS	P.O. BOX 941342	į		

MAITLAND, FL 32794 CITY-ST-ZIP me HUSTON, MATT NAME STREET ADDRESS 386 MOHAVE TERR CITY-ST-ZIP LAKE MARY, FL 32746 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

#00000453451 03/14/06-80022-013 50.00

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11. I hereby certify that the information supplied with this filling 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-25-06 4074

Daytime Phone #