

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90201 002 ****55.00

DOCUMENT # M00000001593

1. Entity Name
HOUSTON - STAFFORD MANAGEMENT LLC



Principal Place of Business
**10203 MULA CIRCLE
STAFFORD, TX 77477**

Mailing Address
**P.O. BOX 947
STAFFORD, TX**



02202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2095981

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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	MGRM
NAME	PASCHAL, JOHN W III
STREET ADDRESS	1551 QUIET TRAIL
CITY-ST-ZIP	SUGARLAND, TX 77478
TITLE	MGRM
NAME	WILKS, WILLIAM E II
STREET ADDRESS	2426 WEATHERFORD
CITY-ST-ZIP	PEARLAND, TX 77584
TITLE	MGRM
NAME	WARNOCK, CURT L
STREET ADDRESS	1800 WEST LOOP SOUTH, #500
CITY-ST-ZIP	HOUSTON, TX 77027
TITLE	MGRM
NAME	LEWEY, ROBERT W
STREET ADDRESS	1800 WEST LOOP SOUTH, SUITE 500
CITY-ST-ZIP	HOUSTON, TX 77027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: _____

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

Date

Daytime Phone #

02/23/06

(281) 498-2212