FORM 3

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

## INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

OMB APPROVAL						
OMB Number:	3235-0104					
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Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  Robinson Jeffrey  2. Date of Event Requiring Statement (Month/Day/Year) 12/09/2004			3. Issuer Name and Ticker or Trading Symbol HOUSTON OPERATING CO [ OTCBB:HOOC ]							
(Last) (First) (Middle) C/O NETFABRIC CORPORATION			Relationship of Reporting Person(s) to Issuer (Check all applicable)     X Director X 10% Owner			5. If Amendment, Date of Original Filed (Month/Day/Year)				
67 FEDERAL ROAD, BUILDING A, SUITE 300			X Officer (give title below)  Chairman and C	Other (spectod) DEO	App	6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person				
(Street) BROOKFIELD CT 06804						Form filed b Reporting P	y More than One erson			
(City) (State) (Zip)										
Table I - Non-Derivative Securities Beneficially Owned										
1. Title of Security (Instr. 4)			eneficially Owned (Instr. 4)			4. Nature of Indirect Beneficial Ownership (Instr. 5)				
COMMON STOCK, \$.001 PAR VALUE			14,832,476	D						
Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)										
1. Title of Derivative Security (Instr. 4)  2. Date Exercisable Expiration Date (Month/Day/Year)		ite	nd 3. Title and Amount of Securities Underlying Derivative Security (Ins		4. Conversion or Exercise Price of	5. Ownership Form: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
	Date Exercisable	Expiration Date	Title	Amount or Number of Shares	Derivative Security	or Indirect (I) (Instr. 5)				

Explanation of Responses:

/s/ Jeffrey Robinson

12/13/2004

\*\* Signature of Reporting Person

Date

 $Reminder: \ Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

 $<sup>^{\</sup>star}$  If the form is filed by more than one reporting person, see Instruction 5 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).