

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVAL  
AND  
FILED

05 SEP -6 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



08092005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P94000030770</b> 1. Entity Name <b>ENTERPRISE PROPERTIES, INC.</b>					
Principal Place of Business <b>6900 SOUTHPOINT DR. N., #200 JACKSONVILLE, FL 32216</b>			Mailing Address <b>POST OFFICE BOX 551428 JACKSONVILLE, FL 32255-1428 US</b>		
2. Principal Place of Business <b>950 Third Avenue</b> Suite, Apt. #, etc. <b>15th Floor</b>		3. Mailing Address <b>950 Third Avenue</b> Suite, Apt. #, etc. <b>15th Floor</b>		4. FEI Number <b>59-3238457</b>	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>			
Zip <b>10022</b>	Country <b>USA</b>	Zip <b>10022</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLINGHAM, BEN H JR 6900 SOUTHPOINT DR. N., #200 JACKSONVILLE, FL 32216</b>				7. Name and Address of New Registered Agent Name <b>United Corporate Services, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9200 South Dadeland Blvd. - Suite 508</b>  City, <b>Miami</b> <span style="float: right;"><b>FL</b> Zip Code <b>33156</b></span>	
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 <u><i>Michael A. Barry</i></u> <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>AL-RAYES, ABDULLAH</b> <b>6900 SOUTHPOINT DR. N., #200</b> <b>JACKSONVILLE, FL 32216</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO <b>WILLINGHAM, BEN H</b> <b>6900 SOUTHPOINT DR. N., #200</b> <b>JACKSONVILLE, FL 32216</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>Mario M. Kranjac</b> <b>950 Third Avenue, 15th Floor</b> <b>New York, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000059792650 09/20/05--01053--019 **558.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Mario M. Kranjac</i></u>		<b>Mario M. Kranjac, Secretary</b>		Date <b>8/16/05</b>	Daytime Phone # <b>212-758-9300</b>

**K. Ecker! SEP - 6 2005**