## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

DOCUMENT # A20360

1. Entity Name

THE ENSLEY SHOPPING CENTER, LTD.



FILED
Apr 16, 2007 08:00 All
Secretary of State

Principal Place of Business

120 E. MAIN ST., STE. A PENSACOLA, FL 32501 Mailing Address

120 E. MAIN ST., STE. A PENSACOLA, FL 32501



04112007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-2557278

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKS, JAMES J., JR. 120 E. MAIN ST., STE. A PENSACOLA, FL 32501

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.</li> </ol>	red office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE
EILE NOWIII EEE 18 \$500 00	

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

	110 Jan Gollofal Latitude 1821 194 194 194 194 194 194 194 194 194 19		
Ì	12.	GENERAL PARTNER INFORMATION	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	H53094 NORTH PALAFOX PLAZA, INC 120 E. MAIN ST., STE. A PENSACOLA, FL. 32501	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	·	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME		

U00000711040 04/25/07-80066-019 500.00

DO NOT WRITE IN THIS SPACE

14. 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 accurrate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this peport as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

NEAL NASH

4-12-01

850-429-8640