FILED AM

2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006				Mar 08, 2006 08:00 A Secretary of State	
DOCUMENT # A9600002234 1. Enlity Name ENTERPRISE PARK ON FENTRESS, LTD.				Secre	ctary or State
Principal Place of Business 4320 WOODLAND PARK DR. WEST MELBOURNE, FL 32904		Mailing Address 4320 WOODLAND PARK DR. WEST MELBOURNE, FL 32904			
DO NOT WRITE IN THIS SPACE				01032006 No Chg-LP 4. FEI Number 59-3471325 5. Certificate of Status Desired	CR2E003 (11/05) Applied For Not Applicab \$3.75 Additional Fee Required
6. Name and Address of Current Registered Agent PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32115				DO NOT W IN THIS SP	
8. The above the obligation of the obligation of the state of the stat	a named entity submits this statement tions of registered agent.		ered office or register	ed agent, or both, in the State of Flor	rida. I am familiar with, and accep
Signature, typed or printed name of registered egent and title if applicable. FILE NOWILL FEE 1\$ \$500.00 After May 1, 2006, Fee will be \$900.00					DATE
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.					
12. DOCUMENT S NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT S		ER INFORMATION			459268 80025-019 500.00
NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #				03/18/06-	80025-019 500.00
STREET ADDRESS CITY-ST-ZIP DOGUMENT # NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WE	
DOCUMENT # NAME STREET ADDRESS CITY -ST -ZIP DOCUMENT #					
NAME STREET ADORESS					

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 accurate 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 the executed is report as required by Chapter 620, Florida Statutes.

SIGNATURE:

City-ST-ZIP

STAPLE CHECK HERE

W. W. LOBERT ANDERSON SA.
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER

321-723 3400

Caylime Phone #