2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004
Secretary of State

DOCUMENT# L02000026086

Entity Name: ENSLEY SQUARE, LLC

Current Principal Place of Business:

5281 KARLSBURG PLACE
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

5281 KARLSBURG PLACE
PALM HARBOR, FL 34685

New Mailing Address:

FEI Number: 74-3066966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERRILL, S. TODD
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	NEWKIRK, THOMAS	
Address:	4943 BAY WAY DR.	
City-St-Zip:	TAMPA, FL 33629	
Title:	MGRM	( ) Delete
Name:	CLAVER, JOSEPH	
Address:	1004 TARAY AVE.	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGRM	( ) Delete
Name:	WHITE, ROBERT	
Address:	5281 KARLSBURG PLACE	
City-St-Zip:	PALM HARBOR, FL 34685	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS R. NEWKIRK MM 05/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date