

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000026086

1. Entity Name
ENSLEY SQUARE, LLC



Principal Place of Business
**5281 KARLSBURG PLACE
PALM HARBOR, FL 34685**

Mailing Address
**5281 KARLSBURG PLACE
PALM HARBOR, FL 34685**



01042005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3066966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

000000180905
01/14/05-80022-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	NEWKIRK, THOMAS
STREET ADDRESS	4943 BAY WAY DR.
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	MGRM
NAME	CLAVER, JOSEPH
STREET ADDRESS	1004 TARAY AVE.
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGRM
NAME	WHITE, ROBERT
STREET ADDRESS	5281 KARLSBURG PLACE
CITY-ST-ZIP	PALM HARBOR, FL 34685

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my 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: *Robert White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/9/05

Date

813-930-0040

Daytime Phone #