## FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

Check this box if no longer subject to
Section 16. Form 4 or Form 5
obligations may continue. See
Instruction 1(b).

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

**OMB APPROVAL** OMB Number: Estimated average burden hours per response: 0.5

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  KNESEK MICHAEL J  (Last) (First) (Middle)  2727 NORTH LOOP WEST  (Street)  HOUSTON TX 77008							Issuer Name and Ticker or Trading Symbol     ENTERPRISE PRODUCTS PARTNERS L     P [ EPD ]      On Date of Earliest Transaction (Month/Day/Year)     On Date of Earliest Transaction (Month/Day/Year)      A. If Amendment, Date of Original Filed (Month/Day/Year)									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  X Officer (give title Other (specify below)  Sr. VP & PAO  6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person					
(City)					-											Form filed by More than One Reporting Person					
		Tak	le I - Non	-Deriv	vativ	e Se	curities	s Ac	quired,	Disp	osed o	f, or B	enet	ficially	y Owned						
1. Title of Security (Instr. 3)  2. Transa Date (Month/D					nsaction n/Day/Year)		2A. Deemed Execution Date, if any (Month/Day/Yea		Code (Insti				A) or 3, 4 and		es ally Following	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)		7. Nature of Indirect Beneficial Ownership			
									Code	v	Amount	(A) (D)	or	Price	Transact	Reported Transaction(s) (Instr. 3 and 4)			(Instr. 4)		
Common Units Representing Limited Partnership Interests  08/04					)4/20(	05			A		5,000	0 /	A	<b>\$0</b> <sup>(1)</sup>	21,	,116		D			
Common Units Representing Limited Partnership Interests															210	).291			By Wife <sup>(2)</sup>		
		-	Table II - I						uired, D s, option						Owned						
1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution D if any (Month/Day)	l Date,	4. Transa Code ( 8)	ction	5. Number of		6. Date Exercisable Expiration Date (Month/Day/Year)		able and			mount	8. Price of Derivative Security (Instr. 5)	9. Number derivative Securities Beneficial Owned Following Reported Transactio (Instr. 4)	i S Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisab		xpiration ate	Title	or Nu of	ımber							
Employee Unit Options - Right to Buy #98- 38	\$15.925								01/31/200	4 0	1/31/2010	Commo: Units	<sup>1</sup> 10	),000		10,000	0	D			
Employee Unit Options - Right to Buy #98- 102	\$20								05/10/200	8 0	5/10/2014	Commo Units	1 10	),000		20,000 <sup>(3)</sup>		D			
Employee Unit Options - Right to	\$26.14	08/04/2005			A		15,000		08/04/200	9 0	8/04/2015	Commo	1 15	5,000	\$0	15,000	0	D			

## **Explanation of Responses:**

- 1. No Consideration.
- 2. The reporting person disclaims any beneficial ownership of these securities, and this report shall be deemed an admission that the reporting person is the beneficial owner of these securities for purposes of Section 16 for any other purpose.
- 3. The power of attorney under which this form was signed is on file with the Commission.

/s/ John E. Smith, Attorney-in-

Fact, on behalf of Michael J.

08/05/2005

Knesek

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.