

# 2001 UNIFORM BUSINESS REPORT (UBR)

#220

EWE Warehouse Investments VII, Ltd



**DOCUMENT #** A 00000000380  
**1. Entity Name:** EWE W AREHOUSE INVESTMENTS VII, LTD

**FILED**

01 MAY -1 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Principal Place of Business** Mailing Address

**2. Principal Place of Business** **3. Mailing Address:**  
**10165 NW 19 STREET** **10165 NW 19 STREET**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State** **MIAMI, FLORIDA** **City & State** **MIAMI, FLORIDA**  
**Zip** **33172** **Country** **MIAMI-DADE** **Zip** **33172** **Country** **MIAMI-DADE**

**4. FEI Number** **65-1030323** **Applied For**  
 Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**  
**Name** **EDWARD W. EASTON**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**10165 NW 19 STREET**  
**City** **MIAMI** **FL** **Zip Code** **33172**

**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.**

**SIGNATURE** **Edward W. Easton** **04/20/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**9. Capital Contributions as Shown on record.** **10,000**

**10. Amount of Capital Contributions in FLORIDA to date.**

**11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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. GENERAL PARTNER INFORMATION**

DOCUMENT #	EWE Warehouse Investments VII, Ltd
NAME	
STREET ADDRESS	Same above
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	61-25-LP
STREET ADDRESS	8.75-Cert
CITY-ST-ZIP	88.75-Adm
STREET ADDRESS	
CITY-ST-ZIP	300004287619--4
STREET ADDRESS	05/22/01 01000 001
CITY-ST-ZIP	****158.75 ****158.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.**

**SIGNATURE:** **Edward W. Easton** **04/20/2001** **(305) 593-2252**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)