1. Entity Na	UMENT#	2000	30003	,80	#220 Eure WHSe IM VII	C
EWE	E W AREHOUSE INVES	TMENTS VII	, LTD	FILE		
Principal Pla	ace of Business	Mailing	Address) MAY - I A	H-8: 47	
			T.	SECRETARY OF ALLAHASSEE, F	STATE	
				HERMIASSEE, F	LORIDA	
2. Principal	l Place of Business	3. Mailin	g Address			
10165 NW 19 STREET Suite, Apt. #, etc.		101	10165 NW 19 STREET Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta	ate FLORIDA	MLAM	State L, FLORIDA		4. FEI Number 65–1030323 Applied Not Appl	
33172	Country MIAMI - DAD			Country MIAMI-DADE	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of	Current Registered	Agent	Name	7. Name and Address of New Registered Agent	
				ED	WARD W EASTON s (P.O. Box Number is Not Acceptable)	
		٠.		City MTA	65 NW 19 STREET MI FL Zip Code 33172	
The chi-						
 me above 	e named entity submits this state	ment for the purpose	e.of changing its r			
. The abov	e named entity submits this state	ement for the purpose	e.of changing its r		tered agent, or both, in the State of Florida.	
		Facton /	den la		tered agent, or both, in the State of Florida.	
SIGNATURE 9. Capital Co	Edward W. Signature, typed or printed name of register	Easton red agent and title if applicate 10. /	Amount of Capita	egistered office or regis Registered Agent signature requ Contributions	tered agent, or both, in the State of Florida. 04/20/2001 DATE MAKE CHECK PAYABLE TO DEPT! OF STATE	
SIGNATURE 3. Capital Co	Edward W Signature, typed or printed name of registe contributions n on record. (0), 000 A GENERAL PART	Easton red agent and little if applicate 10.	Amount of Capita in FLORIDA to da	e. Pagistered office or registered Agent signature requirements of the contributions e.	tered agent, or both, in the State of Florida. 04/20/2001 DATE 11 MAKE CHECK PAYABLE TO DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATIO	
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Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER