


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000000380 1. Entity Name EWE WAREHOUSE INVESTMENTS VII, LTD.	
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2 REPEATED

2004 FEB 23 AM 11:17

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA



Principal Place of Business 10165 N.W. 19TH STREET MIAMI, FL 33172	Mailing Address 10165 N.W. 19TH STREET MIAMI, FL 33172
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01262004 Chg-LP CR2E003 (10/03)

City & State	City & State
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4. FEI Number 65-1030323	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent EDWARD W. EASTON 10165 N.W. 19TH STREET MIAMI, FL 33172
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$10,000.00
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10. Amount of Capital Contributions in FLORIDA to date.	_____
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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 #	P00000019689
NAME	EWE WAREHOUSE INVESTMENTS VII, INC.
STREET ADDRESS	10165 N.W. 19TH STREET
CITY-ST-ZIP	MIAMI, FL 33172
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	200030117962
	03/03/04 01056 004 **167.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

4. 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: <u>Edward W. Easton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date: <u>2/20/04</u>	Daytime Phone #: <u>(305) 593-2222</u>
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