03/23/05

Telephone Number 305-593-2222

· AMESICAL	NSTRUCTIONS BEFORE COMPLETING THIS FORM.
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LIMITED
PARTNERSHIP
REINSTATEMENT



FLORIDA DEPARTA NT OF STATE Secretary of State **DIVISION OF CORPORATIONS**

SECRETARY OF STATE DIVISION OF CORPORATIONS

05 JUN 15 PH 3: 00

DOCL	IME	NT	#

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

A0000001876

1. Name of Limited Partnership

EWE WAREHOUSE INVESTMENTS VIII, LTD

						4/1		
2. Principal Office Address 3 10165 NW 19 Street			3. Mailing Office Address 10165 NW 19 Street		4. Date Formed or Registered To Do Business in Florida 12/07/2000			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	65-106251	Not Applicable		
City & State Miamim Florida City & State Miami, Florida			6. CERTIEICATE OF	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
Zip	Country	Zip	Country	7a. Capital Contr	7a. Capital Contributions as shown on Record:			
<u>331</u> 72	Miami-Dade	33172	Miami-Dade	7b. Amount of C	7b. Amount of Capital Contributions in FLORIDA to date:			
	8. Name and Address	of Current Registered Age	ent		10,000.00			
Name Edward W. Easton				in 7b, with a mir	FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50.			
Street Address (P.O. Box Number is Not Acceptable) 10165 NW 19 Street			2.) Supplemental F	for <u>each year due</u> this office. 2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.				
Suite, Apt. #, Etc.				1 - 7	3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.			
City Miam		State FL	Zip Code 33172	7a, a suppleme	 Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 			
for the purpose of agent. I am familia SIGNATURE (Registere	ovisions of sections 620.1051 and 6 changing its registered office or reg r with, and accept the obligations of ad Agent Accepting Appointment)	gistered agent, or both, in the Sta if section 620.192, Florida Statute	te of Florida. Such change	as authorized by its general p	DATE	BUSINESS ENTITY		
10. Name(s)	of General Partner(s)	Address of Eac	ch General Partner t Office Box Numbers)	City, State and		10a. Registration Document Number		
	** 158.** ** 158.** ** 158.** ** 158.** ** 158.**			Miami. FL 500 06/15/1	33172 00562: 0501042	15405 022 **726.25 2004		
Nôte: Gener	ral nartners MAY NO	T be changed on t	his form: an am	endment must be	filed to chan	ge a general partner.		

11. Too hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same logal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required in chapter 620, Florida Statutes.

SIGNATURE

Edward W. Easton