## **2003 LIMITED PARTNERSHIP** UNIFORM BUSINESS REPORT (UBR

## A0000001876 **DOCUMENT #**

1. Entity Name EWE WAREHOUSE INVESTMENTS VIII, LTD.



Principal Place of Business 10165 NW 19 STREET MIAMI FL 33172

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address 10165 NW 19 STREET MIAMI FL 33172

3. Mailing Address

Suite, Apt. #, etc.

2003 APR 23 AM 9: 55

DIVILION OF CORPORATIONS FACEAHASSEE, FLORIDA



**DUE BY MAY 1, 2003** 

City & State			-	City & State			4. FEI Number	65-1062514			Applied For	
				•				00 1002014			Not Applicable	
Zip	Country			Zip Co		у	5. Certificate of	5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curre	nt Regis	tered Agent		7. Name and Address of New Registered Agent						
EASTON, EDWARD W						Name						
10165 NW 19 STREET					_	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33172												
						City FL Zip Code						
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 ————————————————————————————————————												
			··· <del>-</del> ···									
<ul><li>9. Capital Contributions as Shown on record.</li><li>\$10,000.00</li><li>\$10. Amount of Capital in FLORIDA to dat</li></ul>						ontributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF SEE REVERSE SIDE FOR FEE INFORMATI						
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				13.			ADDRESS CHAN	GES ONLY	•	I	
DOCUMENT <b>#</b>												
NAME	EWE WAREHOUSE INVESTMENTS VIII, LLC 10165 NW 19 STREET MIAMI FL 33172					ADDRESS						
STREET ADDRESS CITY-ST-ZIP						T-ZIP					-	
						<del>600016809526</del>						
DOCUMENT # NAME					STREET	ADDRESS	04/23/0	3010610	015 🖚	£167.	.50	
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DOCUMENT#					STREET	ADDRESS						
NAME			/		JANLE 1							
STREET ADDRESS CITY-ST-ZIP	<b>■</b>						ST-ZIP					
14. I hereby o	ertify that the	information supplied w	ith this fil	ing does not qualify for the	ne exemp	ption stated in	n Section 119.07(3)(i),	Florida Statutes. I fu	rther certif	y that th	ne information	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

03/20/03<sub>Date</sub>