


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

# 250LED  
 2004 FEB 23 AM 11:12

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA



01262004 Chg-LP GR2E003 (10/03)

<b>DOCUMENT # A01000000682</b>			
1. Entity Name EWE WAREHOUSE INVESTMENTS X, LTD.		Mailing Address 10165 N.W. 19TH STREET MIAMI, FL 33172	
2. Principal Place of Business 10165 N.W. 19TH STREET MIAMI, FL 33172		3. Mailing Address 10165 N.W. 19TH STREET MIAMI, FL 33172	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$10,000.00		10. Amount of Capital Contributions in FLORIDA to date.	

**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 CHANGES ONLY	
DOCUMENT #	L01000007341	STREET ADDRESS	
NAME	EWE WAREHOUSE INVESTMENTS X, LLC	CITY- ST- ZIP	
STREET ADDRESS	10165 N.W. 19TH STREET		
CITY- ST- ZIP	MIAMI, FL 33172		
DOCUMENT #		STREET ADDRESS	300030117793
NAME		CITY- ST- ZIP	03/03/04--01056--002 **167.50
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STREET ADDRESS			
CITY- ST- ZIP			

STAPLE CHECK HERE

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** 2/20/04 (305) 553-2222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #