


**2005 LIMITED PARTNERSHIP ANNUAL REPC
Due By May 1, 2005**

**FILED
Apr 22, 2005 8:00 am
Secretary of State**

DOCUMENT # A0100000682					
1. Entity Name EWE WAREHOUSE INVESTMENTS X, LTD.					
Principal Place of Business 10165 N.W. 19TH STREET MIAMI, FL 33172			Mailing Address 10165 N.W. 19TH STREET MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03222005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-1109859	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172			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 <input checked="" type="checkbox"/>			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		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	500054233435	
NAME			CITY-ST-ZIP	05/10/05--01098--009 **167.50	
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NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
14. 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>			3/23/05		305-593-2222
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>



STAPLE CHECK HERE