2002 UNIFORM BUSINESS REPORT (UBR)

	<u> </u>					ŗ		
DOCUMENT # A0100000768					FILED			
EWE WAREHOUSE INVESTMENTS XI, LTD.					02 MAY 13 PM 2: 53	•		
Principal Place of Business Mailing Address 10165 N.W. 19TH STREET 10165 N.W. 19TH STREET MIAMI FL 33172 MIAMI FL 33172					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
';								
Principal Place of Business 3. Mailing Address					1 (00/24)) (3)) 00/24; (10)) 40/15 60/15 00/15 60/15 60/15 00/15 00/1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State		City & State			4. FEI Number Applied For Not Applicable			
Zip Country		Zip Country		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY				Name I				
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525]	0165 NW 19 STREET			
				City	TAMT FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered agent a	EDWARD W. EA	STON		04/02/2002 DATE			
9. Capital Contributions as Shown on record. \$10,000.00 In FLORIDA to date				butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
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 #	L01000008956			<u> </u>	ADDRESS CHANGES ONLY	=		
NAME	EWE WAREHOUSE INVESTMENTS XI, LLC		STRE	EET ADDRESS		06)		
STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP	4000056386440	CR2E003 (9/01)		
DOCUMENT # NAME			STRE	EET ADDRESS	-05/30/0201006010 ****158.75 ****158.75	S.		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP				
DOCUMENT #			STRE	ET AODRESS	,			
STREET ADDRESS			CITY	-ST-ZIP				
DOCUMENT #			STRE	ET ADDRESS				
STREET ADDRESS			CITY	-ST-ZIP				
DOCUMENT #			etoc	ET ADDRESS				
NAME \$\frac{1}{2}, STREET ADDRESS				-ST-ZIP				
DOCUMENT #			-					
NAME (STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	and the same of th			-ST-ZIP				
mucateu	ertify that the information supplied with t on this report is true and accurate and the er or trustee empowered to execute this	iat my signature snali nave t	ne same	i legal effect as it m	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or			

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL I

APR 2 - 2002

Date

305-593-2222