2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

ELLED **DOCUMENT # A01000000768** WE WAREHOUSE INVESTMENTS XI, LTD. 2004 FEB 23 PM 12: 33 DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10165 N.W. 19TH STREET 10165 N.W. 19TH STREET MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 Chg-LP CR2E003 (10/03) City & State 4. FEI Number Applied For City & State 65-1109864 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EASTON, EDWARD W Street Address (P.O. Box Number is Not Acceptable) 10165 N.W. 19TH STREET MIAMI, FL 33172 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, typed or printed name of registered agent and title if applicable DATE Capital Contributions 10. Amount of Capital Contributions \$10,000,00 as Shown on record. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. L01000008956 DOCUMENT # STREET ADDRESS EWE WAREHOUSE INVESTMENTS XI, LLC NAME STREET ADDRESS 10165 N.W. 19TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 500030116785 03/03/04--01048--028 **167.50 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 exempt this report as required by Chapter 620, Florida Statutes

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CHECK HERE

DOCUMENT #

TY-SILZIP

NAME STREET ADDRESS

EDWARD W. EASTON

1/20/04

(306) 573.2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #