2005 LIMITED PARTNERSHIP ANNUAL REPC Due By May 1, 2005

SIGNATURE:

Edward W. Easton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

DOCUMENT # A0100001532 1. Entity Name EWE WAREHOUSE INVESTMENTS XV, LTD.					Secretary of State
Principal Place of Business 10165 N.W. 19TH STREET MIAMI, FL 33172		Mailing Address 10165 N.W. 19TH S MIAMI, FL 33172	10165 N.W. 19TH STREET		
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		03222005 Chg-LP CR2E003 (10/03)
City & State	е	City & State			4. FEI Number Applied For 65-1156778 Not Applicable
Zip—	Country	Zip	Countr	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Cu	irrent Registered Agent			7. Name and Address of New Registered Agent
10165 N.W	EASTON, EDWARD W 10165 N.W. 19TH STREET MIAMI, FL 33172			Name Street Address (I	P.O. Box Number is Not Acceptable)
				City	FL Zip Code
the obligati	tions of registered agent.	nent for the purpose of changing) its registered	d office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE -	Signature, typed or printed name of registered	d agent and title if applicable.			DATE
	9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital in FLORIDA to dat			utions	
	NOTE: General Partner	rs MAY NOT be changed or	n the form;		TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.
12.		RTNER INFORMATION	13.		ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADORESS	L01000019951 EWE WAREHOUSE INVES' 10165 N.W. 19TH STREET			ET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33172		CITY-S	ST-ZIP	7. 20-21-21-21-21-21-21-21-21-21-21-21-21-21-
DOCUMENT # NAME STREET ADDRESS				ET ADORESS	
- CITY+ST-ZIP			CITY-S	ST-ZIP _	-
DOCUMENT # NAME STREET ADDRESS			STREET	ET ADDRESS	900054232999 05/10/0501098002 **167.50
CITY-ST-ZIP			CITY-S	ST-ZIP	
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STREET ADDRESS CITY-ST-ZIP			CITY-S	ST-ZIP	
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			CITY-S	ST-ZIP	
DOCUMENT /			STREE	ET ADDRESS	
STREW ADDRESS CHTY-ST-ZIP			i	ST-ZIP	
14. I hereby of intdicated the receiv	certify that the information supplie I on this report is true and accurat ver or trustee empowered to execu	d with this filling does not qualify te and that my signature shall he ute this report as required by Ch	y for the exemave the same hand 620, Fi	nption stated in Se legal effect as if m lorida Statutes	ection 119.07(3)(i), Florida Statutes. I further certify that the information pade under oath; that I am a General Partner of the limited partnership o