2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

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

SIGNATURE:

FILEU SECRETARY OF STATE **DOCUMENT # A02000000321** VISION OF CORPORATIONS 1. Entity Name EWE WAREHOUSE INVESTMENTS XVI, LTD. 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. CR2E003 (10/03) 03222005 City & State City & State Applied For 4. FEI Number APPLIED FOR 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 EASTERN, EDWARD W Street Address (P.O. Box Number is Not Acceptable) 10165 NW 19TH STREET MIAMI, FL 33172 City 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 Signature, typed or printed name of registered agent and lifle if applicable 9. 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 12. ADDRESS CHANGES ONLY L02000005163 DOCUMENT # STREET ADDRESS EWE WAREHOUSE INVESTMENTS XVI, L.L.C. STREET ADDRESS 10165 N.W. 19TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 200050661602 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCEMENT # STREET ADDRESS NAM# STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

03/23/05