
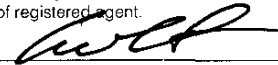
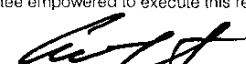


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # A02000000321					
1. Entity Name EWE WAREHOUSE INVESTMENTS XVI, 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 04-3611824	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EASTERN, EDWARD W 10165 NW 19TH STREET MIAMI, FL 33172			Name EDWARD W. EASTON		
			Street Address (P.O. Box Number is Not Acceptable) 10165 NW 19th Street		
			City MIAMI		
			State FL		
			Zip Code 33172		
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 		Edward W. Easton		DATE 04/07/08	
Signature, typed or printed name of registered agent and title if applicable					
DATE					
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00					
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 #	L02000005163		STREET ADDRESS		
NAME	EWE WAREHOUSE INVESTMENTS XVI, L.L.C.		CITY-ST-ZIP		
STREET ADDRESS	10165 N.W. 19TH STREET				
CITY-ST-ZIP	MIAMI, FL 33172				
DOCUMENT #			STREET ADDRESS	005-2000453-1003065796	
NAME			CITY-ST-ZIP	DEPOSIT ONLY 500.00	
STREET ADDRESS				05/19/08 01033 019	
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	500129802105	
NAME			CITY-ST-ZIP	05/19/08--01033--019 **500.00	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
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 exemptions contained in Chapter 119, 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: 		Edward W. Easton		DATE 04/07/08 (305)593.2222	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				DATE	
				Daytime Phone #	

STAPLE CHECK HERE