2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

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FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA **DOCUMENT # A07000001345** 1. Entity Name 08 MAY 22 PM 3: 52 EWE WAREHOUSE INVESTMENTS XX, LTD. Principal Place of Business Mailing Address 10165 NW 19TH STREET 10165 NW 19TH STREET MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 CR2E003 (12/06) City & State City & State 4. FEI Number Applied For **26** - 1555832 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EASTON, EDWARD J Street Address (P.O. Box Number is Not Acceptable) 10165 NW 19TH STREET MIAMI, FL 33172 City Zip Code FL 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 anent and little 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12 DOCUMENT / L07000122325 STREET ADDRESS EWE WAREHOUSE INVESTMENTS XX,, LLC NAME 100129802061 05/19/08--01033--018 **500.00 STREET ADDRESS 10165 NW 19TH STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CUY-SI-ZIP DOCUMENT / STREET ADDRESS 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-S1-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 empowers of execute this report as required by Chapter 620, Florida Statutes

SIGNATURE AND THEE OF PRINTED NAME OF SIGNING GENERAL PARTNER