2000 UNIFORM BUSINESS REPORT (UBR) A9900000575 DOCUMENT # FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name EWE WAREHOUSE INVESTMENTS V. LTD. 00 MAY 25 PMAY 232 2000 Mailing Address Principal Place of Business 300 GRECO AVENUE 300 GRECO AVENUE CORAL GABLES FL 33146 CORAL GABLES FL 33146-1811 3. Mailing Address 2. Principal Place of Business 10165 NW 19 STREET 10165 NW 19 STREET Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State MIAMI, FLORIDA MIAMI, FLORIDA Not Applicable 65-0926450 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 33172 Fee Required 33172 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDWARD W. EASTON CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET. TALLAHASSEE FL 32301-2525 10165 NW 19 STREET Zio Code MIAMI, FLORIDA 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. Edward W. Easton 04/07/2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$10,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. P99000032380 DOCUMENT# STREET ADDRESS EWE WAREHOUSE INVESTMENTS V. INC. 10165 NW 19 STREET NAME 9 300 GRECO AVENUE STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIE MIAMI, FLORIDA 뜬 DOCUMENT # STREET ADDRESS NAME 300003299563 STREET ADDRESS CITY-ST-ZIP <u>-06/21/80--01092--</u>012 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZEP

14. 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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

TERDWARD W. LEast

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/1/2800 (305)593-2222

Daytime Phone #