

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 23, 2004 08:00 AM
Secretary of State

258



DOCUMENT # A99000001874			
1. Entry Name EWE WAREHOUSE INVESTMENTS VI, LTD.			
Principal Place of Business 10165 NW 19 STREET MIAM, FL 33172		Mailing Address 10165 NW 19 STREET MIAM, FL 33172	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent EDWARD W. EASTON 10165 NW 19 STREET MIAM, FL 33172		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code



01262004	Chg-LP	CR2E003 (10/03)
4. FEI Number 65-0960802	Applied For Not Applicable	
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 _____ DATE _____
9. Capital Contributions as Shown on record. \$300,000.00 ✓	10. Amount of Capital Contributions 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000099527	STREET ADDRESS	
NAME	EWE WAREHOUSE INVESTMENTS VI, INC. ✓	CITY-ST-ZIP	
STREET ADDRESS	10165 NW 19 STREET		U00000082522
CITY-ST-ZIP	MIAM, FL 33172		03/09/04-80033-006 535.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

4. 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: Edward W. Easton **EDWARD W. EASTON** 2/20/04 (305) 593-2222
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #