2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L00000015902

L Entity Name WE WAREHOUSE INVESTMENTS VIII, LLC

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

Principal Place of Business

race of bosiness

10165 N.W. 19 ST. MIAMI, FL 33172 Mailing Address 10165 N.W. 19 ST. MIAMI, FL 33172

| ||##||#||<u>|</u>|#|||#||

CR2E083 (10/03)

01262004 No Chg-LLC

4. FEI Number

FEI Number 65-1062154

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

EASTON, EDWARD W 10165 NW 19 STREET MIAMI, FL 33172

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| | The above named entity submits this state obligations of registered agent. | atement for the purpose of changing | g its registered o | office or registered agent, or | r both, in the State of Florida | a. I am familiar v | vith, and accept |
|-----|--|-------------------------------------|--------------------|--------------------------------|---------------------------------|--------------------|------------------|
| | | | | | | - | |
| SIG | GNATURE | <u> </u> | | | , | · · · | |

(NOTE. Registered Agent signature required when reinstating)

Filing Fee is \$50.00V Due by May 1, 2004

U00000063709 02/23/04-80172-023 55.00

DATE

MANAGING MEMBERS/MANAGERS 9. TITLE EASTON, EDWARD W NAME 10165 NW 19 STREET STREET ADDRESS MIAMI, FL 33172 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE NAME STREET ADDRESS

EDWARD WE.EASTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/20/04

(305) 593.2222

Dat

Daytime Phone #