

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

03-20-2002 90005 050 \*\*\*\*50.00

**DOCUMENT #** L01000010433

**1. Entity Name**

EWE Warehouse Investments XIII, LLC

**DO NOT WRITE IN THIS SPACE**

931501

**2. Principal Place of Business**

1548 Lancaster Terrace

Suite, Apt. #, etc.

**3. Mailing Address**

1548 Lancaster Terrace

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Jacksonville, FL

**City & State**

Jacksonville, FL

**4. FEI Number**

65-1109863

**Applied For**

Not Applicable

**Zip**  
32204

**Country**  
USA

**Zip**  
32204

**Country**  
USA

**5. Certificate of Status Desired**

**\$5.00 Additional  
Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

**Name**  
Clarence F. Frazier

**Street Address (P.O. Box Number is Not Acceptable)**  
1548 Lancaster Terrace

**City**  
Jacksonville

**FL**

**Zip Code**  
32204

**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.**

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

Clarence F. Frazier

3/6/02

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
MM  
**NAME**  
Retus Group, Inc.  
**STREET ADDRESS**  
1548 Lancaster Terrace  
**CITY-ST-ZIP**  
Jacksonville, FL 32204

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
M  
**NAME**  
Mid Ohio Securities Custodian  
**STREET ADDRESS**  
f/b/o Charles Krueger IRA  
**CITY-ST-ZIP**  
P. O. Box 1529  
Elyria, Ohio 44036

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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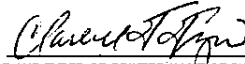
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**DO NOT WRITE  
IN THIS SPACE**

**11. 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:** 

Vice President of Managing Member 3/6/02 904/355-0355

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

Date

Daytime Phone #

CR2E083B (12/01)