## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L01000019951

1. Entity Name

EWE WAREHOUSE INVESTMENTS XV, L.L.C.



Principal Place of Business

10165 N.W. 19TH STREET MIAMI, FL 33172

Mailing Address

10165 N.W. 19TH STREET MIAMI, FL 33172

FILED Apr 26, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

04182007 No Chg-LLC	CR2E083 (11/05)

4. FEI Number Applied For S5-1154775 Not Applied For Not Applicable

5. Certificate of Status Desired S5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstaling)	DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EASTON, EDWARD W 10165 NW 19 STREET MIAMI, FL 33172		U00000734731	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000734731 05/10/07-80005-025 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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

11. 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 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:

CITY-ST-ZIP

edward W. louto

4/19/03

(305)593-2222

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

Date

Daytime Phone #