

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

#516

DOCUMENT # L02000005163
 1. Entity Name
 EWE WAREHOUSE INVESTMENTS XVI, L.L.C.



Principal Place of Business: 10165 N.W. 19TH ST. MIAMI, FL 33172
 Mailing Address: 10165 N.W. 19TH ST. MIAMI, FL 33172



03222005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 04-3611827 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 EASTON, EDWARD W
 10165 NW 19TH ST.
 MIAMI, FL 33172

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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: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 / Due by May 1, 2005

1100000284177
 04/01/05-80056-011 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EASTON, EDWARD W
STREET ADDRESS	10165 NW 19TH ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	MGRM
NAME	EASTON, EDWARD J
STREET ADDRESS	10165 NW 19TH ST
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Edward W. Easton *Edward W. Easton* 03/23/05 305-593-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #