

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0021152

DOCUMENT # L02000005163

1. Entity Name

EWE WAREHOUSE INVESTMENTS XVI, L.L.C.



#576
FILED
03 APR 24 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

10165 N.W. 19TH ST.
MIAMI FL 33172

Mailing Address

10165 N.W. 19TH ST.
MIAMI FL 33172

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name *Edward W Easton*
Street Address (P.O. Box Number is Not Acceptable)
10165 NW 19th St
City *Miami* FL Zip Code *33172*

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

4/7/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>MGRM Edward W Easton 10165 NW 19th St Miami FL 33172</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>MGRM Edward J Easton 10165 NW 19th St Miami FL 33172</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<i>300016821423 04/24/03--01008--015 **55.00</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *[Signature]* **SIGNATURE REQUIRED**

03/20/03

305-593-2222

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

Date

Daytime Phone #

CR2E083 (10/02)