2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 08:00 AM Secretary of State

DOCUME	NT:	# L01	100(0007	'849
--------	-----	-------	------	------	------

1. Entity Name EWE WAREHOUSE INVESTMENTS IX, LLC



Principal Place of Business

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

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



DO NOT WRITE IN THIS SPACE

04082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1103058 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 19 ST MIAMI, FL 33172

NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ons of registered agent.	iging its registered office or registered agent, or both, in	the State of Florid	da. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if spolicable	(NOTE: Registored Agent signature required when reinstating)	<u>-</u>	DATE	

Filing Fee is \$50.00 Due by May 1, 2006

U00000541079 05/10/06-88044-012 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EASTON, EDWARD J 10165 N.W. 19TH ST. MIAMI, FL 33172
IITLE NAME STREET AUDRESS CHY-SI-ZIP	MGR EASTON, EDWARD W 10165 N.W. 19TH ST. MIAMI, FL 33172
TITLE NAME STREET ADDRESS CATY-ST-ZIP	
IITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET AODRESS CITY-SI-ZIP	
3318 F	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this tiling 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 each; that I am a managing member or manager of the limited liability company or the region or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Edward W. EASTON

APR 2 7 2006

305-513-2222

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

Crate

Czytme Phone #