


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

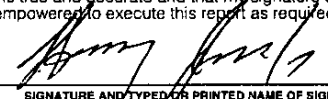
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # A03000000897 1. Entity Name JACOBS 21, LTD.					
Principal Place of Business 2333 BRICKELL AVENUE, #2316 MIAMI, FL 33129			Mailing Address 2333 BRICKELL AVENUE, #2316 MIAMI, FL 33129		
2. Principal Place of Business One SE 3rd Avenue Suite, Apt. #, etc. Suite 2400 City & State Miami, FL Zip 33131		3. Mailing Address One SE 3rd Avenue Suite, Apt. #, etc. Suite 2400 City & State Miami, FL Zip 33131		4. FEI Number 20-0049971 Applied For <input type="checkbox"/> Not Applicable	
Country U.S.		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FEUERMAN, JONATHAN ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$13,165,861.01		10. Amount of Capital Contributions in FLORIDA to date.			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P03000067603		STREET ADDRESS	10651 West Okeechobee Road	
NAME	PJ 21, INC.		CITY-ST-ZIP	Hialeah Gardens, FL 33018	
STREET ADDRESS	2333 BRICKELL AVENUE, #2316				
CITY-ST-ZIP	MIAMI, FL 33129				
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CITY-ST-ZIP					

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: 

HARRY F JACOBS 2-10-05 305 823 3380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Date
Daytime Phone #