2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9:00

DOCUMENT # A03000000897

1. Entity Name
JACOBS 21, LTD.

Principal Place of Business	Mailing Address
2333 BRICKELL AVENUE, #2316 MIAMI, FL 33129	2333 BRICKELL AVENUE, #2316 MIAMI, FL 33129

01252005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
One SE 3rd Avenue	One SE 3rd Avenue
Suite, Apt. #, etc.: Suite 2400	Suite, Apt. #, etc.: Suite 2400
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country: U.S.	Zip: 33131 Country: U.S.

4. FEI Number: 20-0049971 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEUERMAN, JONATHAN ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.
$13,165,861.01	

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		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	400047507474
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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 3058233380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #