


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**


**FILED
Mar 25, 2005 8:00 A.M.
Secretary of State**

DOCUMENT # A04000000298 1. Entity Name SMIGIEL PARTNERS XXI, LTD.	
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Principal Place of Business 7965 LANTANA ROAD LAKE WORTH FL 33567	Mailing Address P.O. BOX 540623 LAKE WORTH FL 33454-0623
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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AS



1ST MOORE CR2E003 (10/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARY SMIGIEL, L.C. 7965 LANTANA ROAD LAKE WORTH FL 33467	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	Zip Code FL
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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

9. Capital Contributions as Shown on record: **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **FILE NOW!!! Due by May 1, 2005.**
See Block 11 instructions for fee info.

**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 #	L93000000238	STREET ADDRESS	
NAME	GARY SMIGIEL, L.C.	CITY-ST-ZIP	
STREET ADDRESS	7965 LANTANA ROAD	STREET ADDRESS	200049887602
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	04/05/05--01015--001 **141.25
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		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: 
SIGNATURE (TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER) **Gary Smigiel** Date **3/25/05** Doc # **610968-3605**