

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 27 AM 11:13



DOCUMENT # A0400000298

1. Entity Name  
SMIGIEL PARTNERS XXI, LTD.

Principal Place of Business: 7965 LANTANA ROAD LAKE WORTH FL 33567  
Mailing Address: P.O. BOX 540623 LAKE WORTH FL 33454-0623



2. Principal Place of Business: Suite, Apt. #, etc.  
City & State: Lake Worth FL  
Zip: 33454  
Country: US

3. Mailing Address: P.O. Box 540669  
Suite, Apt. #, etc.  
City & State: Lake Worth FL  
Zip: 33454  
Country: US

1st MOORE CR2E003 (10/05)

*[Handwritten initials]*

4. FEI Number: 14-086200v  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired  \$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: 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

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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		
CITY-ST-ZIP	LAKE WORTH FL 33467		
DOCUMENT #		STREET ADDRESS	200069937762
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 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: *[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MAR 14 2006

*[Handwritten Signature]*  
Date Daytime Phone #

STAPLE CHECK HERE