

**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

[Handwritten initials]

1st MOORE CR2E003 (10/05)

4. FEI Number: *14-0862000*
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 |
| NAME | | CITY-ST-ZIP | 04/10/06--01042--014 **500.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| 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