

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A04000001724</b> 1. Entity Name <b>BOYNTON BEACH ASSOCIATES XXI, LLLP</b>						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; margin-bottom: 10px;">06 MAY -1- PM 1:36:20</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE FLORIDA</div>	
Principal Place of Business <b>1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071</b>				Mailing Address <b>1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071</b>			
2. Principal Place of Business <b>1600 Sawgrass Corp Pkwy</b>		3. Mailing Address <b>1600 Sawgrass Corp Pkwy</b>					
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc. <b>Suite 300</b>					
City & State <b>Sunrise, FL</b>		City & State <b>Sunrise, FL</b>					
Zip <b>33323</b>		Zip <b>33323</b>					
Country <b>USA</b>		Country <b>USA</b>		04142006    Chg-LP    CR2E003 (11/05)			
4. FEI Number <b>20-1872734</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>GRANT, MARK F ESQ. % RUDEN, MCCLOSKEY, SMITH ET AL. P.A. 200 EAST BROWARD BLVD., SUITE 1500 FORT LAUDERDALE, FL 33301</b>			
7. Name and Address of New Registered Agent Name _____							
Street Address (P.O. Box Number is Not Acceptable) _____							
City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2006, Fee will be \$900.00</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>			
DOCUMENT #	P04000149527			STREET ADDRESS	1600 Sawgrass Corp Pkwy #300		
NAME	BOYNTON BEACH XXI CORPORATION			CITY-ST-ZIP	Sunrise, FL 33323		
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200			<div style="font-size: 24px; font-weight: bold;">200074763422</div> <div style="font-size: 18px;">05/17/06--01034--020    **500.00</div>			
CITY-ST-ZIP	CORAL SPRINGS, FL 33071						
DOCUMENT #							
NAME							
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS				<div style="font-size: 24px; font-weight: bold;">200074763422</div> <div style="font-size: 18px;">05/17/06--01034--020    **500.00</div>			
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CITY-ST-ZIP							
DOCUMENT #							
NAME							
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** **N. MARIA MENENDEZ, VICE PRESIDENT**    **4/27/06**    **954-753-1730**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER    Date    Daytime Phone #

STAPLE CHECK HERE