

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 1 - PHF: 3620

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04142006 Chg-LP CR2E003 (11/05)

DOCUMENT # A04000001724



1. Entity Name
 BOYNTON BEACH ASSOCIATES XXI, LLLP

Principal Place of Business
 1401 UNIVERSITY DRIVE, SUITE 200
 CORAL SPRINGS, FL 33071

Mailing Address
 1401 UNIVERSITY DRIVE, SUITE 200
 CORAL SPRINGS, FL 33071

2. Principal Place of Business
 1600 Sawgrass Corp Pkwy

3. Mailing Address
 1600 Sawgrass Corp Pkwy

Suite, Apt. #, etc.
 Suite 300

Suite, Apt. #, etc.
 Suite 300

City & State

Sunrise, FL

City & State
 Sunrise, FL

4. FEI Number
 20-1872734

Applied For
 Not Applicable

Zip
 33323

Country
 USA

Zip
 33323

Country
 USA

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

6. Name and Address of Current Registered Agent

GRANT, MARK F ESQ.
 % RUDEN, MCCLOSKEY, SMITH ET AL. P.A.
 200 EAST BROWARD BLVD., SUITE 1500
 FORT LAUDERDALE, FL 33301

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
 After May 1, 2006, Fee will be \$900.00**

**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 # P04000149527
 NAME BOYNTON BEACH XXI CORPORATION
 STREET ADDRESS 1401 UNIVERSITY DRIVE, SUITE 200
 CITY - ST - ZIP CORAL SPRINGS, FL 33071

STREET ADDRESS
 1600 Sawgrass Corp Pkwy #300

CITY - ST - ZIP
 Sunrise, FL 33323

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 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:

N. MARIA MENENDEZ VICE PRESIDENT

4/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

954-753-1730

054-753-1730

Daytime Phone #

STAPLE CHECK HERE