


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A95000001944 1. Entity Name NEWPORT PARTNERS XXI, LTD.	
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Principal Place of Business 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746	Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt #, etc
City & State	City & State
Zip	Country



04062004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3424358	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 CAHALL, PETER S 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746	7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code
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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 \$534,600.00	10. Amount of Capital Contributions in FLORIDA to date
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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 # NAME STREET ADDRESS CITY-ST-ZIP	V35049 NEWPORT PARTNERS, INC. 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW, FL 32746	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	U000000139789 04/29/04 80136-002 526.25
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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: Peter S. Cahall 4/14/2004 407-333-2905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #