

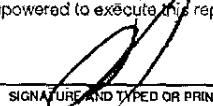


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000001944</b> 1. Entity Name <b>NEWPORT PARTNERS XXI, LTD.</b>					
Principal Place of Business <b>300 INTERNATIONAL PARKWAY, SUITE 270          HEATHROW, FL 32746</b>			Mailing Address <b>300 INTERNATIONAL PARKWAY, SUITE 270          HEATHROW, FL 32746</b>		
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc		 04142005 Chg-LP CR2E003 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number <b>59-3424358</b>				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>CAHALL, PETER S          300 INTERNATIONAL PARKWAY, SUITE 270          HEATHROW, FL 32746</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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>					
9. Capital Contributions as Shown on record. <b>\$534,600.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>534,600.00</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>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	V35049		STREET ADDRESS		
NAME	NEWPORT PARTNERS, INC.		CITY-ST-ZIP		
STREET ADDRESS	300 INTERNATIONAL PARKWAY, SUITE 270				
CITY-ST-ZIP	HEATHROW, FL 32746				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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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 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:  <b>Peter S. Cahall</b>			Date: <b>4/14/05</b> Daytime Phone #: <b>(407) 333 2905</b>		

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