



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 31 AM 8:25 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership S-B PROPERTIES NO. 21, LTD.		1a. DOCUMENT # A97000002166			
Mailing Address % ROBERT E. SCHMIDT, JR., GP 330 E. KILBOURNE AVE., SUITE 1454 MILWAUKEE WI 53202		Principal Office Address % ROBERT E. SCHMIDT, JR., GP 330 E. KILBOURNE AVE., SUITE 1454 MILWAUKEE WI 53202		3. Date Formed or Registered 10/08/1997 3a. Date of Last Report 04/08/1998 4. State or Country of Formation FL	
2. Mailing Address 330 E. KILBOURN AVE SUITE 1454 MILWAUKEE WI 53202-3144		2a. Principal Office Address 330 E. KILBOURN AVE SUITE 1454 MILWAUKEE WI 53202-3144		5a. Capital Contributions as Shown on record. \$1.00 5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. FEI Number 58-2347155 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent HUDOBA, STEPHEN M ESQUIRE HILL, WARD & HENDERSON, P.A. 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) SCHMIDT INVESTMENTS LIMITED P		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 330 E. KILBOURNE AVE.		11b. City, State & Zip Code MILWAUKEE WI 53202	
				11c. Registration/Document Number A32131 7000002749427--0 -01/21/99--01050--002 ****141.25 ****141.25	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE _____, Alt. General Partner DATE 12-29-98					
Typed or Printed Name of General Partner Signing Form Robert E Schmidt III Daytime Telephone Number 414-271-5385					

CR2E003 (8/98)