

DOCUMENT #		A97000002166	
1. Entity Name			
S-B PROPERTIES NO. 21, LTD.			
Principal Place of Business		Mailing Address	
% ROBERT E. SCHMIDT. JR.. GP 330 E. KOLBOURNE AVE.. SUITE 1454 MILWAUKEE WI 53202		% ROBERT E. SCHMIDT. JR.. GP 330 E. KOLBOURNE AVE.. SUITE 1454 MILWAUKEE WI 53202-3144	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
HU DOBA, STEPHEN M ESQUIRE HILL, WARD & HENDERSON, P.A. 101 EAST KENNEDY BLVD., SUITE 3700 TAMPA FL 33602			Name
			Street Address (
			City
8. The above named entity submits this statement for the purpose of changing its registered office or register			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required</small>			
9. Capital Contributions as Shown on record.		\$1.00	10. Amount of Capital Contributions in FLORIDA to date.
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED NOTE: General Partners MAY NOT be changed on the form; an amendment			
12. GENERAL PARTNER INFORMATION			13.
DOCUMENT #	A32131	STREET ADDRESS	
NAME	SCHMIDT INVETMENTS LIMITED PARTNERSHIP	CITY - ST - ZIP	
STREET ADDRESS	330 E. KILBOURNE AVE., SUITE 1454		
CITY - ST - ZIP	MILWAUKEE WI 53202		
DOCUMENT #		STREET ADDRESS	
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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 601.14, F.S., and that my signature shall have the same legal effect as if I were the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: _____		SIGNED AND REQUIRED	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_

Daytime Phone #