2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9700002166 1. Entity Name				FILED		
S-B PROPERTIES NO. 21, LTD.				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business Mailing Address					7 400 MAY - 1 PM 1:33	
% 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		1454		
2. Principal Place of Business		3. Mailing Address			*	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number 58-2347155 Applied For Not Applicable	
Zip	Country	Zip	Count	try	5. Certificate of Status Desired S8.75 Additional Fee Required	
·	6. Name and Address of Current I	Registered Agent		Name	7. Name and Address of New Registered Agent	
HUDOBA, STEPHEN M ESQUIRE			ļ			
HILL, WARD & HENDERSON, P.A.				Street Address	(P.O. Box Number is Not Acceptable)	
101 EAST KENNEDY BLVD., SUITE 3700						
TAMPA FL 33602				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. SIGNATURE Signature bond or gripped page of tentistered agent and title if another bond or gripped page of tentistered agent and title if another bond or gripped page of tentistered agent and title if another bond or gripped page of tentistered agent and title if another bond or gripped page of tentistered agent and title if another bond or gripped page of tentistered agent and title if another bond or gripped page of tentistered agent and title if another bond or gripped page of tentistered agent a						
2. 2. 11. 11. MAYE CHECK DAYARI E TO DEPT OF STATE						
as Shown on record. \$1.00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION						
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.				, an amenume	ADDRESS CHANGES ONLY	
DOCUMENT # NAME	A32131 SCHMIDT INVETMENTS LIMITED PARTNERSHIP		ET ADDRESS	·		
STREET ADDRESS CITY-ST-ZIP	330 E. KILBOURNE AVE., SUITE MILWAUKEE WI 53202	BOURNE AVE., SUITE 1454 EE WI 53202		-ST-ZIP	200032858423 -06/12/0001136022 ****141.25 ****141.25	
DOCUMENT # NAME				ET ADORESS		
STREET ADDRESS CITY-ST-ZIP	STF		CITY-	-ST-ZIP		
DOCUMENT# NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	- ST-ZIP		
DOCUMENT# NAME			STRE	ET ADORESS		
STREET ADDRESS CITY • ST • ZIP	I CITY			- ST - ZIP		
DOCUMENT# NAME			STRE	ET ADDRESS		
STREET ADDRESS C/TY-ST-ZIP			СПУ-	-ST-ZIP		
DÖCUMENT# NAVÆ			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				-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 eightful 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						

Date

Daytime Phone #

SCHULLED REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: