
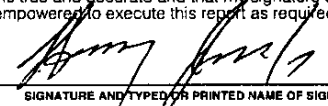


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 22 AM 9: 00

DOCUMENT # A03000000897				
1. Entity Name JACOBS 21, LTD.				
Principal Place of Business 2333 BRICKELL AVENUE, #2316 MIAMI, FL 33129		Mailing Address 2333 BRICKELL AVENUE, #2316 MIAMI, FL 33129		
2. Principal Place of Business One SE 3rd Avenue		3. Mailing Address One SE 3rd Avenue		
Suite, Apt. #, etc. Suite 2400		Suite, Apt. #, etc. Suite 2400		
City & State Miami, FL		City & State Miami, FL		
Zip 33131	Country U.S.	Zip 33131	Country U.S.	4. FEI Number 20-0049971
				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		7. Name and Address of New Registered Agent		
FEUERMAN, JONATHAN ESQ. C/O THERREL BAISDEN, P.A. ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI, FL 33131		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		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. 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. \$13,165,861.01		10. Amount of Capital Contributions in FLORIDA to date.		
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	P03000067603 PJ 21, INC. 2333 BRICKELL AVENUE, #2316 MIAMI, FL 33129	STREET ADDRESS	10651 West Okeechobee Road	
		CITY-ST-ZIP	Hialeah Gardens, FL 33018	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
		CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	400047507474	
		CITY-ST-ZIP	03/01/05--01051--018 **526.25	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
		CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS		
		CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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: 		HARRY F JACOBS 2-10-05 305 823 3380		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE