


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 MAR -3 AM 11:04

DOCUMENT # A03000000897

1. Entity Name
 JACOBS 21, LTD.



Principal Place of Business
 ONE SE 3RD AVENUE
 SUITE ~~2400~~ **2450**
 MIAMI, FL 33131

Mailing Address
 ONE SE 3RD AVENUE
 SUITE ~~2400~~ **2450**
 MIAMI, FL 33131

Handwritten initials



DO NOT WRITE IN THIS SPACE

01102006 No Chg-LP CR2E003 (11/05)

4. FEI Number 20-0049971	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FEUERMAN, JONATHAN ESQ.
 C/O THERREL BAISDEN, P.A.
 ONE S.E. 3RD AVENUE, SUITE ~~2400~~ **2450**
 MIAMI, FL 33131

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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 *[Signature]* DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	
DOCUMENT #	P03000067603
NAME	PJ 21, INC.
STREET ADDRESS	10651 WEST OKEECHOBEE ROAD
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

600068091926
 03/20/06--01013--007 **500.00

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Barry Jacobs* Date 2-10-06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER