

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR -5 AM 9:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



02202007 Chg-LP CR2E003 (12/06)

4. FEI Number **20-0049971** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DOCUMENT # **A03000000897**  
 1. Entity Name  
**JACOBS 21, LTD.**



Principal Place of Business Mailing Address  
**ONE SE 3RD AVENUE SUITE 2400 2950 MIAMI, FL 33131**  
**ONE SE 3RD AVENUE SUITE 2400 2950 MIAMI, FL 33131**

2. Principal Place of Business - No P.O. Box # 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

**FEUERMAN, JONATHAN ESQ.**  
**C/O THERREL BAIDEN, P.A.**  
**ONE S.E. 3RD AVENUE, SUITE 2400 2950**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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 *[Signature]* DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000067603	STREET ADDRESS	
NAME	PJ 21, INC.	CITY-ST-ZIP	
STREET ADDRESS	10651 WEST OKEECHOBEE ROAD		
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

**300096499373**  
**04/11/07--01035--020 \*\*500.00**

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: *[Signature]* Date **3-05-07** Daytime Phone # **305 823 3390**