


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

FILED
2005 APR 18 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001809				
1. Entity Name TROY ASSOCIATES LIMITED PARTNERSHIP				
Principal Place of Business 1200 BRICKELL AVENUE, STE. 1720 MIAMI, FL 33131		Mailing Address C/O BCOM REAL ESTATE FUND, LLC 1200 BRICKELL AVENUE, STE. 1720 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address <i>40 BCOM, Inc.</i>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <i>20-2007463</i>
5. Certificate of Status Desired <input type="checkbox"/>				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 PALACHI, ASLAN 1200 BRICKELL AVENUE, STE. 1720 MIAMI, FL 33131			7. Name and Address of New Registered Agent	
Name			Name	
Street Address (P.O. Box Number is Not Acceptable)			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. \$3,800,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$578,620		
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 #	P03000048977		STREET ADDRESS	
NAME	BCOM MANAGER GP, INC.		CITY-ST-ZIP	
STREET ADDRESS	1200 BRICKELL AVENUE, STE. 1720			
CITY-ST-ZIP	MIAMI, FL 33131			
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	
NAME			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: <i>Aslan Palachi</i> ASLAN PALACHI			Date	305-375-0090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date	Daytime Phone #

STAPLE CHECK HERE

300054039093
05/09/05--01015--012 **526.25