


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 18 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A02000000053			
1. Entity Name BCOM - 1800, LLLP			
Principal Place of Business 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131		Mailing Address 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131	
2. Principal Place of Business 1200 BRICKELL AVE		3. Mailing Address	
Suite, Apt. #, etc. S. 1720		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33131	Country	Zip	Country
6. Name and Address of Current Registered Agent PALACHI, ASLAN 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Ave, S. 1720 City MIAMI FL Zip Code 33131	
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: <u>Aslan Palachi</u> ASLAN PALACHI DATE: <u>04-15-05</u>			
9. Capital Contributions as Shown on record. \$405,000.00		10. Amount of Capital Contributions in FLORIDA to date. 405,000	
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	P99000035240 BCOM, INC. 1201 BRICKELL AVENUE, SUITE 650 MIAMI, FL 33131	STREET ADDRESS CITY - ST - ZIP	1200 BRICKELL AVE, S. 1720 MIAMI, FL 33131
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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: <u>Aslan Palachi</u> ASLAN PALACHI		04-15-05 305-375-0090	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE