

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 10:39

DOCUMENT # A02000000053

1. Entity Name
 BCOM - 1800, LLLP



Principal Place of Business
 1200 BRICKELL AVENUE, SUITE 1720
 MIAMI, FL 33131

Mailing Address
 1201 BRICKELL AVE, STE 650
 MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address
 1200 BRICKELL AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 STE 1720

City & State

City & State
 MIAMI, FL

Zip

Country

Zip

33131

Country

03182006 Chg-LP CR2E003 (11/05)

4. FEI Number
 03-0374352

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALACHI, ASLAN
 1200 BRICKELL AVENUE, SUITE 1720
 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

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

DATE

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 # P99000035240
 NAME BCOM, INC.
 STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 1720
 CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #
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 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100070466091
 04/14/06--01061--010 **500.00

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: Aslan Palachi ASLAN PALACHI

04-01-06 305-375-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE