

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A03000000721

1. Entity Name  
BCOM INVESTMENT ADVISER, LLLP



05 JUN 10 PM 3:44

Principal Place of Business  
1201 BRICKELL AVE., STE. 650  
MIAMI, FL 33131

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

2. Principal Place of Business  
1200 BRICKELL AVE  
Suite, Apt. #, etc.  
SUITE 1720

3. Mailing Address

Suite, Apt. #, etc.

03222005

Chg-LP

CR2E003 (10/03)

6/10

City & State  
MIAMI, FL

City & State

4. FEI Number  
68-0552164

Applied For  
Not Applicable

Zip  
33131

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PALACHI, ASLAN  
1201 BRICKELL AVE., STE. 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 ASLAN PALACHI

04-15-05

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

DATE

9. Capital Contributions  
as Shown on record. \$9,900.00

10. Amount of Capital Contributions  
in FLORIDA to date. 10,000

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

DOCUMENT # P03000048990  
NAME BCOM ADVISER GP, INC.  
STREET ADDRESS 1201 BRICKELL AVE., STE. 650  
CITY-ST-ZIP MIAMI, FL 33131

## 13. ADDRESS CHANGES ONLY

STREET ADDRESS 1200 BRICKELL AVE, S. 1720  
CITY-ST-ZIP MIAMI, FL 33131

DOCUMENT #  
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CITY-ST-ZIP

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CITY-ST-ZIP

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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: ASLAN PALACHI

04-15-05

305-375-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE