

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 10:39

**DOCUMENT # A03000000721**

1. Entity Name  
BCOM INVESTMENT ADVISER, LLLP



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

Mailing Address  
1200 BRICKELL AVE., SUITE 1720  
MIAMI, FL 33131

**DO NOT WRITE IN THIS SPACE**

03182006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
68-0552164

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PALACHI, ASLAN  
1200 BRICKELL AVE., SUITE 1720  
MIAMI, FL 33131

**DO NOT WRITE  
IN THIS SPACE**

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 # P03000048990  
NAME BCOM ADVISER GP, INC.  
STREET ADDRESS 1200 BRICKELL AVE., SUITE 1720  
CITY-ST-ZIP MIAMI, FL 33131

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CITY-ST-ZIP

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500070465895  
04/14/06--01061--006 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-01-06 305-375-0090

Date

Daytime Phone #

STAPLE CHECK HERE