

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 OCT 11 PM 3:38

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000472

BCM ASSOCIATES I, LTD.



Mailing Address

**1553 SAN IGNACIO
CORAL GABLES FL 33146**

Principal Office Address

**1553 SAN IGNACIO
CORAL GABLES FL 33146**

3. Date Formed or Registered

04/04/1994

5a. Capital Contributions as Shown on record

\$1,600,000.00

3a. Date of Last Report

01/10/1996

5b. Amount of Capital Contributions in FLORIDA to date

\$3,202,076.52

4. State or Country of Formation

FL

6. FEI Number

65-0479000

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

**1553 SAN IGNACIO AVE.
SUITE A
CORAL GABLES, FL
33146 USA**

2a. Principal Office Address

**1553 SAN IGNACIO AVE.
SUITE A
CORAL GABLES, FL
33146 USA**

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

9. Name and Address of Current Registered Agent

**KAYAL, RAYMOND J JR.
C/O WHITE & CASE
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

BOYETT CAPITAL MANAGEMENT, I

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**1553 SAN IGNACIO AVENUE
SUITE "A"**

11b. City, State & Zip Code

CORAL GABLES FL 33146

11c. Registration Document Number

P94000015448

**700001978957--2
-10/16/96--01056--013
2328.25 *578.25**

dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

*Boyett Capital Management, Inc
as General Partner.*

DATE

9/30/96

Typed or Printed Name of General Partner Signing Form

Guy Karbe, Vice President

Daytime Telephone Number

305-663-3359

CR2E003 (6/96)