

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

97 OCT -2 PM 2: 20



<b>1.</b> Name of Limited Partnership  <b>BCM ASSOCIATES I, LTD.</b>	<b>1a.</b> DOCUMENT # <b>A94000000472</b>
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<b>2.</b> Mailing Address 1553 SAN IGNACIO AVE., SUITE A CORAL GABLES FL 33146	<b>2a.</b> Principal Office Address 1553 SAN IGNACIO AVE., SUITE A CORAL GABLES FL 33146	<b>3.</b> Date Formed or Registered 04/04/1994	<b>5a.</b> Capital Contributions as Shown on record. \$3,202,076.52
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>3a.</b> Date of Last Report 10/11/1996	<b>5b.</b> Amount of Capital Contributions in FLORIDA to date 3,202,076.52
City & State	City & State	<b>4.</b> State or Country of Formation FL	<b>6.</b> FEI Number 65-0479000
Zip Country	Zip Country	<b>7.</b> Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)

<b>9.</b> Name and Address of Current Registered Agent  KAYAL, RAYMOND J JR. C/O WHITE & CASE 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131	<b>10.</b> If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BOYETT CAPITAL MANAGEMENT, I	1553 SAN IGNACIO AVEN	CORAL GABLES FL 33146	P94000015448
200002312622--8 -10/06/97--01108--007 ****541.25 ****541.25  <i>dcc</i>			

**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 <i>James L. Boyett</i> Typed or Printed Name of General Partner Signing Form <b>JAMES L. BOYETT</b>	DATE _____ Daytime Telephone Number <b>(305) 663-3359</b>
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CR2E003 (6/97)