


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership BCM ASSOCIATES I, LTD.		1a. DOCUMENT # A94000000472

FILED

98 OCT 20 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address 1553 SAN IGNACIO AVE., SUITE A CORAL GABLES FL 33146		Principal Office Address 1553 SAN IGNACIO AVE., SUITE A CORAL GABLES FL 33146		3. Date Formed or Registered 04/04/1994	5a. Capital Contributions as Shown on record. \$3,202,076.52
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 10/02/1997	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	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

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 WILLIAM WALKER, JR. Street Address (P.O. Box Number Is Not Acceptable) C/O WHITE & CASE Suite, Apt. #, etc. 200 S. BISCAYNE BLVD, SUITE 4900 City MIAMI		Zip Code FL 33131
10a. Pursuant to the provisions of sections 620.1051 and 620.1052, 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 620.1052, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment)			DATE 9/18/98	

**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
800002675068--3 -10/28/98--01092--010 ****526.25 ****526.25			
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 James L. Boyett DATE 9/18/98

Typed or Printed Name of General Partner Signing Form JAMES L. BOYETT Daytime Telephone Number 305-663-3359

CR2E003 (8/98)