

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000000472

1. Entity Name
BCM ASSOCIATES I, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -4 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1553 SAN IGNACIO AVE., SUITE A
CORAL GABLES FL 33146

Mailing Address
1553 SAN IGNACIO AVE., SUITE A
CORAL GABLES FL 33146-3006

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0479000** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**WALKER, H. WILLIAM JR.
C/O WHITE & CASE
200 SOUTH BISCAYNE BLVD., SUITE 4900
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name **JAMES L. BOYETT**
Street Address (P.O. Box Number is Not Acceptable)
1553 SAN IGNACIO AVE - SUITE A
City **CORAL GABLES** FL Zip Code **33146**

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.

SIGNATURE *James L. Boyett* DATE **4/20/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$3,202,076.52**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	P94000015448
NAME	BOYETT CAPITAL MANAGEMENT, INC.
STREET ADDRESS	1553 SAN IGNACIO AVENUE, STE A
CITY - ST - ZIP	CORAL GABLES FL 33146
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	500003292505--4
STREET ADDRESS	06/15/00 01130 005
CITY - ST - ZIP	****526.25 ****526.25
STREET ADDRESS	
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STREET ADDRESS	
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: *James L. Boyett* DATE **4/20/00** DAYTIME PHONE # **305-668-3359**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CF 2001 (9/99)