

# 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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0479000</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WALKER, H. WILLIAM JR. C/O WHITE & CASE 200 SOUTH BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131				Name <b>James L. Boyett</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>1553 San Ignacio Ave - Suite A</b>			
				City <b>CORAL GABLES</b>		State <b>FL</b>	

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P94000015448</b> <b>BOYETT CAPITAL MANAGEMENT, INC.</b> <b>1553 SAN IGNACIO AVENUE, STE A</b> <b>CORAL GABLES FL 33146</b>	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		CITY - ST - ZIP	<b>500003292505--4</b> <b>06/15/00 01130 005</b> <b>****526.25 ****526.25</b>
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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 2601 (9/99)