Daytime Phone #

Date

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER

DOCUMENT # A9400000472					5	
1. Entity Name				FILED	2	
BCM ASSOCIATES I, LTD.				02 JAN 24 AM 11: 14		
Principal Place of Business Mailing Address  1553 SAN IGNACIO AVE SUITE A 1553 SAN IGNACIO AVE S  CORAL GABLES FL 33146 CORAL GABLES FL 33146				SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal P	Place of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State		City & State		4. FEI Number 65-0479000 Applied I Not Appl		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Currer	nt Registered Agent	1	7. Name and Address of New Registered Agent		
			Name			
BOYETT, JAMES L 1553 SAN IGNACIO AVE., SUITE A			Street Addre	Street Address (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33146						
			City	FL Zip Code		
8. The above	named entity submits this statement	for the purpose of changing	its registered office or regi	stered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered age	nt and title if applicable.		DATE	-	
9. Capital Co as Shown	353 ZUZ 117D.52	10. Amount of Cal		11. MAKE CHECK PAYABLE TO DEPT. OF STA' SEE REVERSE SIDE FOR FEE INFORMATION		
				STERED AND ACTIVE WITH THIS OFFICE.		
12.		ER INFORMATION	13.	ADDRESS CHANGES ONLY	<del></del>	
DOCUMENT #	P94000015448 BOYETT CAPITAL MANAGEME		STREET ADDRESS		(9/01)	
STREET ADDRESS CITY-ST-ZIP	1553 SAN IGNACIO AVENUE, CORAL GABLES FL 33146		CITY-ST-ZIP		ZE003 (9/01)	
DOCUMENT # NAME			STREET ADDRESS	4000048337543 -01/29/0201031021		
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DOCUMENT, ₹ NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			City-St-ZIP			
indicated	certify that the information supplied w I on this report is true and accurate ar ver or trustee empowered to execute i	nd that my signature shall have	e the same legal effect as	Section 119.07(3)(i), Florida Statutes. I further certify that the informa if made under oath; that I am a General Partner of the limited partners	tion ship or	