

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000000472

1. Entity Name
 BCM ASSOCIATES I, LTD.



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

FILED

04 APR 30 AM 8:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business

7700 N. Kendall Dr.

3. Mailing Address

Same as left

Suite, Apt. #, etc.

Suite 505

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33156

Country

USA

Zip

Country

04222004

Chg-LP

CR2E003 (10/03)

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

BOYETT, JAMES L
 1553 SAN IGNACIO AVE., SUITE A
 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

7700 N. Kendall Dr

Suite 505

City

Miami

FL

Zip Code

33156

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James L. Boyett

JAMES L. BOYETT 4/27/04

DATE

9. Capital Contributions as Shown on record.

\$3,202,076.52

10. Amount of Capital Contributions in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

7700 N. Kendall Dr Ste. 505
 Miami, FL 33156

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500036061395

05/11/04--01062--018 **\$26.25

DOCUMENT #

NAME

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES L. BOYETT

4/27/04

Date

Daytime Phone #

595-5992

STAPLE CHECK HERE