


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A94000000472

1. Entity Name
 BCM ASSOCIATES I, LTD.



FILED
 04 APR 30 AM 8:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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



2. Principal Place of Business
 7700 N. Kendall Dr.
 Suite, Apt. #, etc. Suite 505
 City & State Miami, FL

3. Mailing Address
 Same as left
 Suite, Apt. #, etc.

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
Signature, typed or printed name of registered agent and title if applicable. 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	7700 N. Kendall Dr Ste. 505
CITY-ST-ZIP	Miami, FL 33156
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500036061395
CITY-ST-ZIP	05/11/04--01062--018 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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* JAMES L. BOYETT 4/27/04 595-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE