FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Wully

1999	DIVISION OF	CORPORATIO	ONS	98 NOV 17 AM (): 39		
1. Name of Limited Partnership	1a. DOCUM A9400000	1a. DOCUMENT # A9400001095			SECRETARY OF STATE TALLAHASSEE FLORIDA		
BCCL, LTD.							
Mailing Address 1000 BRICKELL AVE SUITE 1200 MIAMI FL 33131	Principal Office Address 1000 BRICKELL AVE SUITE 12 MIAMI FL 33131	1000 BRICKELL AVE., SUITE 1200		3. Date Formed or Registered 08/11/1994 3a. Date of Last Report 09/10/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address	2a. Principal Office Address Suite, Apt. #, etc.			1,000.00		
City & State	City & State			6. FEI Number - 65-05 1 1322		Applied For Not Applicable	
Zip Country	Zip	Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of S	tate (See reve	\$8.75 Additional Fee Required rse side for fee information)	
9_ Name and Address of C	Current Registered Agent			10. If changed, new Registered	Agent/Office		
RENTZ, R. LARRY 1000 BRICKELL AVE., SUITE 1200 MIAMI FL 33131		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
		City		FL Zip Code			
agent, I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	ice or registered agent, or both, in the State of Fid gations of section 620.192, Florida Statutes. ht)	LIMITED	ge was auth	DATE_	State of Florida accept the ap	pointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	eral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
RENTZ, R. LARRY	1000 BRICKELL AVE., S		MIA		3 43010	167	
Note: General partners MAY N		_					
 I do hereby certify that the information supplied. Corporations from any liability of non-compliand this annual report is five and accurate and that empowered to execute this report as acquired to 	co/with Section 119.07(3)(k) with event that the in my signature shall have the same legger effects as	information supp	lied is deem	ed exempt from public access: I further o	ertify that the	information indicated on	

SIGNATURE

Typed or Printed Name of General Hartner Signing Form R. LARRY RENTZ

___ Daytime Telephone Numbe

305-358-1000