

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010111 AT

DOCUMENT # **A94000001458**

1. Entity Name

**BCM ASSOCIATES II, LTD.**

FILED

02 JAN 24 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1553 SAN IGNACIO AVENUE, SUITE A CORAL GABLES FL 33146</b>	Mailing Address <b>1553 SAN IGNACIO AVENUE, SUITE A CORAL GABLES FL 33146</b>
--	--

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

**DUE BY MAY 1, 2002**

4. FEI Number <b>65-0540631</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BOYETT, JAMES  
1553 SAN IGNACIO AVE.  
CORAL GABLES FL 33146**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$3,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
--	---	--

**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 #	<b>P94000015448</b>
NAME	<b>BOYETT CAPITAL MANAGEMENT, INC.</b>
STREET ADDRESS	<b>1553 SAN IGNACIO AVE., SUITE A</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33146</b>

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	

STREET ADDRESS	<b>600004833756--6</b>
CITY-ST-ZIP	<b>-01/29/02--01031--022</b>
	<b>****526.25 ****526.25</b>

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	

DOCUMENT #		STREET ADDRESS	
NAME		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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E003 (9/01)