


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A94000001458	
1. Entity Name BCM ASSOCIATES II, LTD.	

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

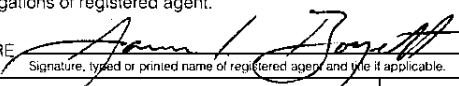
2. Principal Place of Business 7700 N. Kendall Dr. Suite, Apt. #, etc. Suite 505 City & State Miami, FL Zip 33156	3. Mailing Address Same as left Suite, Apt. #, etc. City & State Country USA
--	---



04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0540631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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) 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.

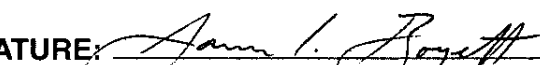
SIGNATURE  JAMES L. Boyett 4/27/04
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$3,000,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P94000015448	NAME BOYETT CAPITAL MANAGEMENT, INC.	STREET ADDRESS 7700 N. Kendall Dr. Ste. 505	
STREET ADDRESS 1553 SAN IGNACIO AVE., SUITE A		CITY-ST-ZIP Miami, FL 33156	
CITY-ST-ZIP CORAL GABLES, FL 33146			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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 4/27/04 (305) 595-5992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE