

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 18 AM 8:26

DOCUMENT # A94000001458

1. Entity Name  
BCM ASSOCIATES II, LTD.



Principal Place of Business  
7700 N. KENDALL DR., SUITE 505  
MIAMI, FL 33156

Mailing Address  
7700 N. KENDALL DR., SUITE 505  
MIAMI, FL 33156

2. Principal Place of Business  
1500 San Remo

3. Mailing Address  
1500 San Remo

Suite, Apt. #, etc.  
Suite #203

Suite, Apt. #, etc.  
Suite #203

City & State  
Coral Gables, FL

City & State  
Coral Gables, FL

Zip  
33146

Country  
USA

Zip  
33146

Country  
USA

04222005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-0540631

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BOYETT, JAMES  
7700 N. KENDALL DR., SUITE 505  
MIAMI, FL 33156

New →  
address

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1500 San Remo  
Suite #203  
City  
Coral Gables FL Zip Code  
33146

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

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., SUITE 505  
CITY-ST-ZIP MIAMI, FL 33156

STREET ADDRESS 1500 San Remo; Suite #203  
CITY-ST-ZIP Coral Gables, FL 33146

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

700057974057  
07/27/05--01051--001 \*\*376.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

700057974057  
07/27/05--01051--002 \*\*150.00

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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* 4/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

(305) 595-5992

STAPLE CHECK HERE