


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 OCT -2 AM 10:43

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

Principal Place of Business 1500 SAN REMO SUITE 203 CORAL GABLES, FL 33146	Mailing Address 1500 SAN REMO SUITE 203 CORAL GABLES, FL 33146
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2. Principal Place of Business 1500 San Remo Ave Suite, Apt. #, etc. Suite #203 City & State Coral Gables FL Zip 33146 Country USA	3. Mailing Address 1500 San Remo Ave Suite, Apt. #, etc. Suite #203 City & State Coral Gables, FL Zip 33146 Country USA
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06302006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0540631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BOYETT, JAMES 1500 SAN REMO Ave. SUITE 203 CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000015448 BOYETT CAPITAL MANAGEMENT, INC. 1500 SAN REMO, SUITE 203 CORAL GABLES, FL 33146	STREET ADDRESS CITY-ST-ZIP	400080781524 10/12/06--01058--006 **500.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 JAMES L. BOYETT

7/12/06 (305) 595-5992
 Date Daytime Phone #

STAPLE CHECK HERE