2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
2004 JUN 14 AM 8:09
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

06042004 Chg-LP CR2E003 (10/03)

DOCUMENT # A98000002085

1. Entity Name
B.C. FUTURES, LTD.

Principal Place of Business	Mailing Address
5700 MEMORIAL HIGHWAY, STE. 210 TAMPA, FL 33615	5700 MEMORIAL HIGHWAY, STE. 210 TAMPA, FL 33615

2. Principal Place of Business	3. Mailing Address
1703 W. STATE ST.	1703 W. STATE ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL.
Zip: 33606 Country: USA	Zip: 33606 Country: USA

4. FEI Number: 59-3532711 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

PELAEZ, EDWARD A JR
5700 MEMORIAL HIGHWAY, STE. 210
TAMPA, FL 33615

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1703 W. STATE ST.
City: TAMPA FL Zip Code: 33606

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.

9. Capital Contributions as Shown on record: $10,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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	P98000066475 WORLD CAPITAL FUTURES, INC. 5700 MEMORIAL HIGHWAY, STE. 210 TAMPA, FL 33615	STREET ADDRESS CITY-ST-ZIP	1703 W. STATE ST. Tampa, FL. 33606
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STAPLE CHECK HERE

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] 6-10-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #