



2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 23 AM 8:39

DOCUMENT # A99000000163			
1. Entity Name BCM PARTNERS, 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 Suite, Apt. #, etc. Suite #203 City & State Coral Gables FL Zip 33146 Country USA		3. Mailing Address 1500 San Remo Suite, Apt. #, etc. Suite #203 City & State Coral Gables FL Zip 33146 Country USA	
		04222005 Chg-LP CR2E003 (10/03)	
		4. FEI Number 65-0903110	
		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 L 7700 N. KENDALL DR., SUITE 505 MIAMI, FL 33156		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$510,000.00		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 # NAME STREET ADDRESS CITY-ST-ZIP	569419 BOYETT PROPERTIES, INC. 7700 N. KENDALL DR., SUITE 505 MIAMI, FL 33156	STREET ADDRESS CITY-ST-ZIP	1500 San Remo; Suite #203 Coral Gables, FL 33146
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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: 		4/22/05 (305) 595-5992	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE