


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -2 AM 10:45

<b>DOCUMENT # A99000000163</b> 1. Entity Name BCM PARTNERS, LTD.	
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Principal Place of Business 1500 SAN REMO SUITE 203 CORAL GABLES, FL 33156	Mailing Address 1500 SAN REMO SUITE 203 CORAL GABLES, FL 33156
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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 65-0903110	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 L 1500 SAN REMO AVE SUITE 203 CORAL GABLES, FL 33146
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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 #	569419	STREET ADDRESS	
NAME	BOYETT PROPERTIES, INC.	CITY-ST-ZIP	000080781560 10/12/06--01058--007 **500 00
STREET ADDRESS	1500 SAN REMO, SUITE 203	STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES, FL 33146	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

RESTATEMENT 2006

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/12/06 (305) 595-5922  
Date Daytime Phone #

JAMES L. BOYETT

STAPLE CHECK HERE