			<i>-</i>	
DOCUMENT # B0100000010  1. Entity Name				
PRIVATE CAPITAL MANAGEMENT, L.P.			é <sub>ğ</sub>	FILED
				02 MAY 31 PM .2: 43
· · ·	ce of Business WITRAIL N. 3RD FLOOR	Mailing Address 3003 TAMAMI TRAIL N. 3RD F	1000	
NAPLES FX		NAPLES XL 34103	LOOR	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	C			I (BANA) (BI) CAIAI WAN ARIN ARIN ARIN ARIN ARIN ARIN ARIN AR
2 Principal Place of Business BAYBIUG. 8889 PELICAN BAYBI			Baublid.	
Suite Apt	. #, etc.	Suite, Apt. #, etc.	T T	DUE BY MAY 1, 2002
City & Sta		City & State F	[	4. FEI Number Applied For
Zip L	Country C Q		untry A-	Not Applicable  5. Certificate of Status Desired \$8.75 Additional
5	6. Name and Address of Current F	39(Ub   0	121C	7. Name and Address of New Registered Agent
Name — O A L L /				
JOYCE, DAVID G  Street Address (P.O. Bex Number is Not Ageotable)  Street Address (P.O. Bex Number is Not Ageotable)  Street Address (P.O. Bex Number is Not Ageotable)				
NAPLES FX 34103				
City NADLES FL Zip Code / O				
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.				
SIGNATURE Signature, typed or printed name of registly addition in a policiable. CFO, H.P. Scretary, Treas. 4/9/02				
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				
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			ADDRESS CHANGES ONLY
DOCUMENT <b>#</b> NAME	F01000004963 PCM HOLDINGS, INC.	sı	TREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	8889 PELICAN BAY BOULEVARD, NAPLES FL 34108-7512	SUITE 500	TY-ST-ZIP	9000056778997
DOCUMENT #	MAPLES PL 34100-7312			**************************************
NAME STREET ADDRESS		ST	REET ADDRESS	
CITY-ST-ZIP		Ci	TY-ST-ZIP	9000056778997
DOCUMENT #		ST	REET ADDRESS	-06/04/0201071004 ****437.50 ****437.50
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DOCUMENT#				
NAME STREET ADDRESS		ST	REET ADDRESS .	
CITY-ST-ZIP		. Cri	ry-ST-ZiP	
DOCUMENT # NAME		STI	REET ADDRESS	
STREET ADDRESS		Сіт	Y-ST-ZIP	
DOCUMENT #				
NAME STREET ADDRESS		STI	REET ADDRESS	-
CITY-ST-ZIP			Y-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: YWAK-LA JACHUEV. P. FOR PLM Holdings, Inc. 4/4/02 941-254-2527				
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				