

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Jul 18, 2006 08:00 AM
Secretary of State

DOCUMENT # B01000000010

1. Entity Name
PRIVATE CAPITAL MANAGEMENT, L.P.



Principal Place of Business
**8889 PELICAN BAY BLVD.
#500
NAPLES, FL 34108**

Mailing Address
**8889 PELICAN BAY BLVD.
#500
NAPLES, FL 34108**



07122006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654603

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOYCE, DAVID G
8889 PELICAN BAY BLVD.
#500
NAPLES, FL 34108**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

DATE _____

**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

DOCUMENT # **F01000004963**
NAME **PCM HOLDINGS, INC.**
STREET ADDRESS **8889 PELICAN BAY BOULEVARD, SUITE 500**
CITY-ST-ZIP **NAPLES, FL 341087512**

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U00000570923
07/18/06-80016-004 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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

Date

239-254-2500

Daytime Phone #