

**LIMITED PARTNERSHIP  
ANNUAL REPORT (AR)**

2007

DOCUMENT # B01000000010

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



FILED

07 MAY -8 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

CR2E003B (12/05)

2. Principal Place of Business 8889 PELICAN BAY BLVD. Suite, Apt. #, etc. #500 City & State NAPLES, FL Zip 34108 Country USA	3. Mailing Address 8889 PELICAN BAY BLVD. Suite, Apt. #, etc. #500 City & State NAPLES, FL Zip 34108 Country USA
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DUE BY MAY 1

4. FEI Number 59-3654603	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6.  
**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVID G. JOYCE
Street Address (P.O. Box Number is Not Acceptable) 8889 PELICAN BAY BLVD #500
City NAPLES
FL Zip Code 34108

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 \_\_\_\_\_

11. Jan. - May 1	Fee is \$500.00
After May 1,	Fee is \$900.00

**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 #	PCM HOLDINGS I, INC.
NAME	8889 PELICAN BAY BLVD., #500
STREET ADDRESS	NAPLES, FL 34108
CITY-ST-ZIP	

DOCUMENT #	
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CITY-ST-ZIP	

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13.

STREET ADDRESS	
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**DO NOT WRITE  
IN THIS SPACE**

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: David G. Joyce 5/7/07 239-254-2500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE