

2008 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2008**FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 14 AM 11:45

DOCUMENT # B01000000010

1. Entity Name
PRIVATE CAPITAL MANAGEMENT, L.P.Principal Place of Business
8889 PELICAN BAY BLVD.
#500
NAPLES, FL 34108Mailing Address
8889 PELICAN BAY BLVD.
#500
NAPLES, FL 34108

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012008

Chg-LP

CR2E003 (12/06)

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4/8/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$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 # F06000004615
NAME PCM HOLDINGS I, INC.
STREET ADDRESS 8889 PELICAN BAY BOULEVARD, SUITE 500
CITY-ST-ZIP NAPLES, FL 341087512**13. ADDRESS CHANGES ONLY**

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04/11/08 01047 019 **500.00

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

CHAD ATKINS - GENERAL COUNSEL

Date

4/8/08 (239) 254-2527

Daytime Phone #

STAPLE CHECK HERE